

Case Number:	CM14-0093361		
Date Assigned:	07/25/2014	Date of Injury:	02/06/2013
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31-year-old female with an injury date of 02/06/2013. Based on 11/16/2013 progress report, the patient presents with pain in her left foot which she describes as being sharp to mild and moderately severe. The patient has point tenderness in the left foot. The utilization review letter states the patient also has bilateral upper extremity pain and intermittent numbness and tingling in the right hand. Upon examination, the patient had diffuse tenderness in the right upper extremity out of proportion to any clinical diagnosis, a positive Tinel's at the wrist, and a MRI showed a 2 mm dorsal ganglion and 3 mm volar radial wrist ganglion. The patient was diagnosed with contusion of her left foot. The Utilization Review determination being challenged is dated 06/05/2014. The rationale for denying the EMG/NCV studies is that the patient shows no red flags relative to the bilateral upper extremities, has no signs of peripheral nerve entrapment with the exception of positive Tinel sign on the right. The rationale for denying the MRI is that the patient had a previous MRI (no results provided) and there is no reason as to why a repeat MRI is needed. There is 1 treatment report provided from 11/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-EMG/NCS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: Based on the utilization review letter, the patient presents with bilateral upper extremity pain and numbness/tingling in the right hand. The request is for an EMG of the bilateral upper extremities. This file does not refer to any prior EMG report. There were no previous EMGs conducted. For EMG, ACOEM Guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." In this patient, the reports do not indicate any symptoms in the upper extremities. The patient only complains of upper extremity pain in the utilization review letter and the treater does not explain why the study is being asked for either. The report with request was not provided therefore EMG Bilateral upper extremities are not medically necessary.

NCV Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-EMG/NCS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 11/16/2013 progress report, the patient complains of contusion of her left foot. The utilization review letter also mentioned that the patient has pain in her bilateral upper extremities. The request is for an EMG of the bilateral upper extremities. The report with the request was not provided. This file does not include any prior NCV report. For NCV, ACOEM Guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." In this patient, the reports do not report any indication of symptoms in the upper extremities besides in the utilization review letter. The treater does not explain why the study is being asked for either therefore NCV Bilateral upper extremities are not medically necessary.

MRI Right Elbow with and without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-MRI's.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-twc

guidelines has the following regarding elbow MRI:(<http://www.odg-twc.com/odgtwc/elbow.htm>).

Decision rationale: Based on the utilization review letter, the patient presents with pain in her bilateral upper extremities with numbness and tingling in her right hand. There is no indication of which report the reviewer obtained this information from. The request is for an MRI of the right elbow with and without contrast. ACOEM guidelines do not support MRI's in the absence of red flags or progressive neurologic deficit. ODG Guidelines state that "repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, the patient already had an MRI (no date indicated), however the findings were not provided to us. The review of the reports do not reveal why the treater is asking for another set of MRI. There are no new injuries, no deterioration neurologically, and the patient has not had surgery. ODG Guidelines regarding the MRI of elbow state the following; "magnetic resonance imaging may provide important diagnostic information for evaluating the elbow and many different conditions including; collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial ,or median nerve, and for masses about the elbow joint." In this case, the treater's report containing the request, the elbow symptoms, exam findings and the concerns for which MRI is request is missing. Without the treater's clear rationale as to the reason for an MRI, a routine MRI for elbow pain is not supported by the guidelines therefore MRI right elbow with and without contrast is not medically necessary.