MAXIMUS Federal Services

Case Number:	CM14-0217182		
Date Assigned:	01/07/2015	Date of Injury:	03/25/2014
Decision Date:	03/04/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 62 year old female who was injured at work on 03/25/2014. The progress report indicates she has been experiencing symptom since 2007, but had been receiving treatment under her private insurance until 03/25/2014 when she filed for worker compensation as a case of cumulative trauma disorder. The progress report stated she complains of neck pain that radiates to the shoulders, arms and hands. The neck pain is associated with episodes of swelling, numbness and tingling in her arms and hands. She has neck stiffness and difficulty sleeping, The pain varies with activities. Also, she has pain in her shoulders, wrists and hands, knees and lower back. The physical examination revealed limited range of motion of the cervical spine; tenderness and spasms of the neck, thorax and lumbar; tenderness of right shoulder; decreased sensations with pain in the bilateral C6, C7 dermatomes; negative Tinel's and Adison's tests bilaterally. There was positive toe and heel walk with pain. Straight leg raise was negative bilaterally, but the sensations were decreased in the bilateral midfoot L5 areas. She is reported to have done MRI neck, hands, wrists, and lower back in 2013; she also did electrodiagnostic studies in the recent past, but the results of these two tests were not reported. The worker has been diagnosed of cervical radiculopathy; Lumbar Radiculopathy; bilateral shoulder tendinitis/ bursitis; bilateral wrist tendinitis/bursitis; status post left shoulder surgery; status post right shoulder surgery; Lumbosacral radiculitis; bilateral knee tendinitis/bursitis. Treatments have included trigger finger release surgery, biceps surgery, right wrist/hand carpal tunnel syndrome surgery, 05/2014; cortisone injections, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for the Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation ODG, Electromygraphy (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: The injured worker sustained a work related injury on 03/25/2014. The medical records provided indicate the diagnosis of cervical radiculopathy; bilateral shoulder tendinitis/ bursitis; bilateral wrist tendinitis/bursitis; status post left shoulder surgery; status post right shoulder surgery; Lumbosacral radiculitis; bilateral knee tendinitis/bursitis. Treatments have included trigger finger release surgery, biceps surgery, right wrist/hand carpal tunnel syndrome surgery, 05/2014; cortisone injections, and medications.The medical records provided for review do not indicate a medical necessity for EMG for the Upper Extremities. The records indicates that the injured worker has continued to experience numbness and tingling sensations despite right carpal tunnel surgery; she has diminished sensations in the C6 and C7 dermatomes, but negative Tinel's and Adison's tests. The MTUS recommends electrodiagnostic studies in situations where there is difficulty in determining whether the disorder is carpal tunnel syndrome or cervical radiculopathy: whereas carpal tunnel syndrome will resolve with carpal tunnel release surgery, cervical radiculopahy will not improve with the surgery. Also, the MTUS states' "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities(NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.However, although it would have been appropriate to order this test, the record indiacates it was recently done, therefore ordering one now would mean duplicating a procedure that is already done. Therefore, the requested treatment is not medically necessary and appropriate.

EMG for the Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Electromyography (EMG), page 303 and ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The injured worker sustained a work related injury on 03/25/2014. The medical records provided indicate the diagnosis of cervical radiculopathy; bilateral shoulder tendinitis/ bursitis; bilateral wrist tendinitis/bursitis; status post left shoulder surgery; status post

right shoulder surgery; Lumbosacral radiculitis; bilateral knee tendinitis/bursitis. Treatments have included trigger finger release surgery, biceps surgery, right wrist/hand carpal tunnel syndrome surgery, 05/2014; cortisone injections, and medications.The medical records provided for review do not indicate a medical necessity for EMG for the Lower Extremities.The MTUS recommends physiologic testing like EMG, in cases where neurologic examination is less clear, before ordering imaging studies. of the four conditions (Disk protusion, Cauda Equina syndrome, Spinal spinal stenosis, and post laminectomy syndrome), MRI is much better at diagnosing them. Therefore, it is not medically necessary and appropriate to order Electromyography of the lower extremities without reviewing the findings of the Lumbar MRI done in 2013: the MRI will give better information.

FCE (Functional Capacity Evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE (Functional Capacity Evaluation) Page(s): 48. Decision based on Non-MTUS Citation ODG, FCE (Functional Capacity Evaluation)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness For Duty

Decision rationale: The injured worker sustained a work related injury on 03/25/2014. The medical records provided indicate the diagnosis of cervical radiculopathy; bilateral shoulder tendinitis/ bursitis; bilateral wrist tendinitis/bursitis; status post left shoulder surgery; status post right shoulder surgery; Lumbosacral radiculitis; bilateral knee tendinitis/bursitis. Treatments have included trigger finger release surgery, biceps surgery, right wrist/hand carpal tunnel syndrome surgery, 05/2014; cortisone injections, and medications.The medical records provided for review do not indicate a medical necessity for FCE (Functional Capacity Evaluation). The topic is not detailed in the MTUS, but the Official Disability Guidelines recognizes the following indications: 1) Case management is hampered by complex issues such as: Prior unsuccessful Return to work attempts; Conflicting medical reporting on precautions and/or fitness for modified job; Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at Maximal medical Improvement/all key medical reports secured; Additional/secondary conditions clarified.The Official Disability Guidelines recommends against FCE if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work and an ergonomic assessment has not been arranged.The records reviewed indicate the injured worker will be needing additional treatment, and is far from Maximal Medical Improvement; additional records are still needed.Therefore, the requested evaluation is not medically necessary and appropriate.

MRI for the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: he injured worker sustained a work related injury on 03/25/2014. The medical records provided indicate the diagnosis of cervical radiculopathy; bilateral shoulder tendinitis/ bursitis; bilateral wrist tendinitis/bursitis; status post left shoulder surgery; status post right shoulder surgery; Lumbosacral radiculitis; bilateral knee tendinitis/bursitis. Treatments have included trigger finger release surgery, biceps surgery, right wrist/hand carpal tunnel syndrome surgery, 05/2014; cortisone injections, and medications.The medical records provided for review do not indicate a medical necessity for MRI for the Cervical Spine. The injured worker is reported to have done this test in 2013, the findings of this study was not reported. The MTUS recommends against indiscriminate imagine due to the possibility of false positive findings. The requested test is not medically necessary and appropriate.