

Case Number:	CM15-0018931		
Date Assigned:	02/06/2015	Date of Injury:	12/16/1996
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 65 year old female, who sustained an industrial injury on 12/16/1996. The current diagnoses are right shoulder impingement syndrome, rotator cuff tear, biceps tendon tear, bilateral carpal tunnel syndrome - status post left carpal tunnel release, left knee degenerative joint disease, loose bodies, medial/lateral meniscus tear - status post left knee arthroscopy, and cervical spine sprain/strain with radiculopathy. According to the progress report dated 11/3/2014, the injured worker complains of severe pain and swelling with numbness and tingling in the right wrist/hand, constant aching pain in the left knee, and severe right shoulder pain. Treatment to date has included medications, physical therapy, cortisone/viscosupplementation injections, and surgery. The treating physician is requesting consult with spine specialist for right wrist/hand, EMG/NCV of right upper extremity, and MRI of the Left knee, which is now under review. On 1/22/2015, Utilization Review had non-certified a request for consult with spine specialist for right wrist/hand, EMG/NCV of right upper extremity, and MRI of the Left knee. The consult with spine specialist for right wrist/hand was modified to consultation with a hand specialist. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with spine specialist [REDACTED] for Right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC; Corpus Christi, TX section: Carpal Tunnel Syndrome (Acute & Chronic) updated 11/11/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 274.

Decision rationale: This 65 year old female has complained of right hand pain, right shoulder pain and left knee pain since date of injury 12/16/96. She has been treated with steroid and viscosupplementation injections, left knee arthroscopic surgery, left carpal tunnel release surgery, physical therapy and medications. The current request is for consultation with spine specialist [REDACTED] for right wrist/hand pain. The available provider notes do not document the medical rationale for obtaining a consultation with a spine specialist in this patient. Per the MTUS guidelines cited above, consultation with a spine specialist is not indicated as medically necessary to this patient. On the basis of the available medical documentation and per the MTUS guidelines cited above, spine specialist consultation is not indicated as medically necessary.

EMG NCV of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines electro-diagnostic studies. Decision based on Non-MTUS Citation Official Disability Guidelines: work Loss Data Institute, LLC; Corpus Christi TX; Carpal Tunnel Syndrome (Acute & Chronic) updated 11/11/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: This 65 year old female has complained of right hand pain, right shoulder pain and left knee pain since date of injury 12/16/96. She has been treated with steroid and viscosupplementation injections, left knee arthroscopic surgery, left carpal tunnel release surgery, physical therapy and medications. The current request is for EMG/NCV of the right upper extremity. The available provider notes state that an emg/ncv of the right upper extremity has been performed within the past 12 months and is abnormal showing moderate slowing of the conduction velocity of the right median nerve. There is no provider documentation explaining the rationale for repeating the study at this time. On the basis of the available medical documentation and per the MTUS guidelines cited above, EMG/NCV of the right upper extremity is not indicated as medically necessary.

MRI of the Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: work Loss Data Institute, LLC; Corpus Christi TX; Carpal Tunnel Syndrome (Acute & Chronic) updated 11/11/2014. ODG, repeat MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343, 348, 350.

Decision rationale: This 65 year old female has complained of right hand pain, right shoulder pain and left knee pain since date of injury 12/16/96. She has been treated with steroid and viscosupplementation injections, left knee arthroscopic surgery, left carpal tunnel release surgery, physical therapy and medications. The current request is for left knee MRI. The available medical records document an MRI of the left knee performed in 01/2014 which revealed findings consistent with osteoarthritis. There is no current documentation of physical exam findings or patient symptomatology which supports a diagnosis of soft tissue injury or internal derangement of the left knee necessitating a repeat MRI of the left knee at this time. On the basis of the available medical documentation and per the MTUS guidelines cited above, MRI of the left knee is not indicated as medically necessary.