

Case Number:	CM15-0111428		
Date Assigned:	06/22/2015	Date of Injury:	11/01/2013
Decision Date:	10/02/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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: California

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 42-year-old male, who sustained cumulative industrial injuries from August 1, 2006 through November 1, 2013 and a specific injury in August of 2013 when he felt right wrist and hand pain while trying to restrain an individual. He reported neck pain, left knee pain, right ankle pain, bilateral foot pain, right hand and right finger pain. The injured worker was diagnosed as having left knee sprain/strain, left knee chondromalacia, loss of sleep, bilateral heel spurs, bilateral plantar fasciitis, bilateral tenosynovitis, bilateral posterior tibial tendinitis, bilateral ankle sprain/strain, joint pain, limb pain and bilateral foot sprain/strain. Treatment to date has included diagnostic studies, negative electrodiagnostic studies of the peroneal and tibial nerves, radiographic imaging, medications, physical therapy, home exercises and work restrictions. Currently, the injured worker complains of neck pain, left knee pain, right ankle pain, bilateral foot pain, right hand and right finger pain. The injured worker reported industrial injuries resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on August 14, 2014, revealed continued pain as noted. He reported sleep disruptions and decreased range of motion in the shoulders, hands and knees. Diagnostic studies, physical therapy, radiographic imaging and medical equipment were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro MRI of the right hand, DOS: 3/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines recommend an MRI of the hand specifically following trauma, suspected fracture, tumor, and suspected Kienbock's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Documentation in the medical record does not support an MRI of the hand based on the above criteria. Retro MRI of the right hand is not medically necessary.

Retro Functional Capacity Evaluation, DOS: 3/25/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues, and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Retro Functional Capacity Evaluation is not medically necessary.

Retro EMG/NCV of the bilateral upper extremities, DOS: 3/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electromyography (EMG).

Decision rationale: Recommended (needle, not surface) as an option in selected cases. EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. There

was no evidence of neurological deficit noted in the medical records supplied for review. Retro EMG/NCV of the bilateral upper extremities is not medically necessary.

Retro Right thumb spica for purchase, DOS: 5/8/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Splints.

Decision rationale: The Official Disability Guidelines recommend splinting for treating displaced fractures, mallet finger, and rheumatoid arthritis. There was generally a positive effect of splint use on hand function; however, perceived splint benefit was marginal. Data suggest that splinting is most effective if applied within three months of symptom onset. Based on the patient's stated date of injury, the acute phase of the injury has passed. Retro Right thumb spica for purchase is not medically necessary.

Retro Jamar for right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy, Quantitative Muscle Testing Devices, Document Number MED.00089, Last Review Date: 11/14/2013.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines do not address quantitative muscle testing devices; consequently, alternative guidelines were used. According to the Blue Cross of California Medical Policy, Quantitative Muscle Testing Devices, Document Number MED.00089, use of quantitative muscle testing devices is considered investigational and not medically necessary. Quantitative muscle testing has been used in clinical research to quantify muscle strength and an individual's response to rehabilitation and therapy. However, manual muscle testing is sufficiently reliable for clinical practice. There is insufficient peer-reviewed published scientific evidence that quantitative muscle testing is superior. Retro Jamar for right wrist is not medically necessary.

Retro EMG/NCV of bilateral upper extremities and right lower extremity, DOS: 9/4/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electromyography (EMG).

Decision rationale: Recommended (needle, not surface) as an option in selected cases. EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. There was no evidence of neurological deficit noted in the medical records supplied for review. Retro EMG/NCV of bilateral upper extremities and right lower extremity is not medically necessary.

Retro follow-up with podiatrist, DOS: 9/4/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Follow-up.

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. The typical timeframe for follow-up visits in a chronic injury is 3-6 months. The patient has chronic pain and has had extensive conservative care with no documented change in symptoms or increase in function over time. The documentation provided for review lacks any specific subjective complaints or objective exam findings for which a follow-up visit would be medically necessary at this time. Retro follow-up with podiatrist is not medically necessary.