

Case Number:	CM15-0171518		
Date Assigned:	09/18/2015	Date of Injury:	01/13/2014
Decision Date:	10/21/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

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

This is a 54 year old female with a date of injury of January 13, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for radial styloid tenosynovitis, hand pain, and joint pain. Medical records dated May 21, 2015 indicate that the injured worker complains of bilateral wrist pain and bilateral hand pain rated at a level of 7 out of 10 without medications, and inability to bend the left thumb. Records also indicate the injured worker's activity level has decreased. A progress note dated July 23, 2015 notes subjective complaints of neck pain and bilateral upper extremity pain rated at a level of 7 out of 10 without medications, pain radiating down the right arm with numbness and tingling, and right thumb stiffness. Per the treating physician (July 23, 2015), the employee has not returned to work. The physical exam dated May 21, 2015 reveals tenderness to palpation at the thenar eminence at the right hand, edema of the right hand, positive Finkelstein's test on the right, limited range of motion of the thumb due to pain, tenderness to palpation over the metacarpophalangeal joint of the right thumb, decrease range of motion of the interphalangeal joint on the right, decreased range of motion of the metacarpophalangeal on the right, and decreased range of motion of the carpometacarpal joint on the right. The progress note dated July 23, 2015 documented a physical examination that showed tenderness to palpation at the thenar eminence at the right hand, edema of the right hand, positive Finkelstein's test on the right, limited range of motion of the thumb due to pain, tenderness to palpation over the metacarpophalangeal joint of the right thumb, decrease range of motion of the interphalangeal joint on the right, decreased range of motion of the metacarpophalangeal on the right, and decreased range of motion of the carpometacarpal

joint on the right. Treatment has included splinting of the wrist, medications (Pennsaid solution since at least May of 2015), electromyogram-nerve conduction velocity of the bilateral upper extremities (June 6, 2014) that showed normal findings, and an unknown number of physical therapy sessions. The original utilization review (August 5, 2015) non-certified a request for magnetic resonance imaging of the cervical spine, and electromyogram-nerve conduction studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for neck and bilateral upper extremity pain. When seen, she was having left shoulder pain and radiating right arm symptoms with numbness and tingling and right thumb stiffness. Electrodiagnostic testing in June 2014 had been within normal limits. Physical examination findings included normal strength, sensation, and reflexes. There was positive right Finkelstein's testing and first CMC joint tenderness with right hand edema. There was decreased and painful wrist range of motion. Authorization was requested for repeat bilateral electrodiagnostic testing and an MRI of the cervical spine. Indications for repeat electrodiagnostic testing include the following: (1) The development of a new set of symptoms. (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive. (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barré syndrome). (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis. (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing. When requested, there were no physical examination findings that would suggest peripheral nerve entrapment or cervical radiculopathy. None of the above indications was present. Repeat testing was not medically necessary.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for neck and bilateral upper extremity pain. When seen, she was having left shoulder pain and radiating right arm symptoms with numbness and tingling and right thumb stiffness. Electrodiagnostic testing in June 2014 had been within normal limits. Physical examination findings included normal strength, sensation, and reflexes. There was positive right Finkelstein's testing and first CMC joint tenderness with right hand edema. There was decreased and painful wrist range of motion. Authorization was requested for repeat bilateral electrodiagnostic testing and an MRI of the cervical spine. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified red flags or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore is not considered medically necessary.