MAXIMUS Federal Services

Case Number:	CM15-0174084		
Date Assigned:	09/15/2015	Date of Injury:	09/01/2013
Decision Date:	10/22/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/03/2015

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: Physical Medicine & Rehabilitation

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 32 year old female, who sustained an industrial injury on 9-1-13. The injured worker on 7-21-15 had complaints of constant moderate dull, sharp right shoulder pain with weakness, cramping and muscle spasms, aggravated by repetitive movement, repetitive reaching, repetitive pushing, repetitive pulling repetitively and repetitive turning. The injured worker complains of constant severe dull, sharp left shoulder pain with weakness, cramping and muscle spasms, aggravated by repetitive movement, repetitive reaching, repetitive pushing, repetitive pulling repetitively and repetitive turning. The injured worker has complaints of constant moderate achy right wrist pain with numbness and tingling, aggravated by repetitive movement, repetitive grabbing, grasping, repetitive gripping, repetitive squeezing, repetitive pushing and repetitive pulling repetitively and activity-dependent moderate dull, stabbing left wrist pain with numbness, tingling and weakness, associated with repetitive movement, repetitive grabbing, grasping, repetitive gripping, repetitive squeezing, repetitive pushing and repetitive pulling repetitively. The documentation noted that the Jamar grip strength results, second notch were right 0, 0, 5kg and left 10, 10, 15kg. Right shoulder range of motion is decreased and painful. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder supraspinatus press is positive. The left shoulder range of motion is decreased and painful. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder and supraspinatus press is positive. The right wrist has decreased median nerve sensation, the range of motion is painful and there is tenderness to palpation of the dorsal wrist and medial wrist. Left wrist has decreased sensation, the range of motion is painful and there is tenderness to palpation of the lateral wrist and volar wrist. The Qualified Medical Re-Examination on 9-30-14 showed Jamar measurement on the right of 2, 3

and 3 kg and left 9, 9 and 7kg and the injured worker was right handed. Magnetic resonance imaging (MRI) of the right and left wrist on 12-5-13 showed osteonecrosis of the carpal bones with hypertrophic changes; magnetic resonance imaging (MRI) of the left and right shoulder on 12-5-13 showed impingement syndrome and rotator cuff tendinosis. The diagnoses have included right shoulder impingement syndrome; right shoulder pain; right shoulder sprain and strain and right shoulder tenosynovitis. Treatment to date has included acupuncture two times a week for a total of nine sessions caused more pain and was not helping and shock wave treatment on two occasions. The request for a Jamar grip strength test times 1 month per doctor's visit and electromyography and nerve conduction velocity study for bilateral upper extremities on the original utilization review (8-7-15) were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAMAR grip strength test x 1 month per doctor's visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

Decision rationale: The current request is for JAMAR GRIP STRENGTH TEST X 1 MONTH PER DOCTOR'S VISIT. Treatment to date has included CTR on the right, acupuncture, physical therapy, Shockwave therapy, and medications. The patient remains off work. ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. MTUS, page 48, Functional Improvement Measures are discussed in regards to "Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees." Per report 06/16/15, the patient presents with sharp right shoulder, and bilateral wrist pain. There is weakness in the upper extremities. Right shoulder range of motion is decreased and painful. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder supraspinatus press is positive. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder and supraspinatus press is positive. The right and left wrist has decreased median nerve sensation, the range of motion is painful and there is tenderness to palpation of the dorsal wrist and medial wrist. The request is for Jamar Grip Test. In this case, the treater has not provided a rationale for the request. Jamar grip tests can be easily obtained via clinical examination. Such testing is part of the follow-up visit and routine physical examination. Jamar Grip testing is not supported as a separate billable service. Therefore, the request IS NOT medically necessary.

NCV/EMG bilateral upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The current request is for NCV/EMG BILATERAL UPPER EXTREMITIES. Treatment to date has included CTR on the right, acupuncture, physical therapy, Shockwave therapy, and medications. The patient remains off work. MTUS/ACOEM guidelines, Chapter 8 Page 178 under neck chapter states, Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. 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. The assessment may include sensory evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Per report 06/16/15, the patient presents with sharp right shoulder, and bilateral wrist pain. There is weakness in the upper extremities. Right shoulder range of motion is decreased and painful. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder supraspinatus press is positive. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder and supraspinatus press is positive. The right and left wrist has decreased median nerve sensation, the range of motion is painful and there is tenderness to palpation of the dorsal wrist and medial wrist. The treater states that an EMG/NCV of the bilateral upper extremities is required due to ongoing numbness after right CTR surgery In this case, given the patient's symptoms following surgery and lack of any recent EMG/NCV, the request for an EMG/NCV for further investigation is in accordance with guidelines. The request IS medically necessary.