

Case Number:	CM15-0174341		
Date Assigned:	09/16/2015	Date of Injury:	02/18/2015
Decision Date:	10/16/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Florida, 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 56 year old female, who sustained an industrial injury on February 18, 2015 and reported right elbow, bilateral forearm-wrist and bilateral thumb pain. The injured worker is diagnosed as having lateral epicondylitis, tendinitis, repetitive strain injury and bilateral trigger thumb. Her work status is modified duty. Currently, the injured worker complains of bilateral forearm pain described as sharp, shooting, stabbing and burning with activity, swelling and spasms and rated at 4-5 on 10. Her elbows ache constantly (right greater than left), there is stiffness reported and weakness in her arms. She experiences occasional pain in her wrists, hands and thumbs with occasional numbness in her hands. Her bilateral thumb pain (right greater than left) is described as sharp and achy with swelling and spasm and rated at 4 on 10. The pain interferes with her sleep regimen and she reports difficulty showering, dressing, grooming and doing household chores. She reports the pain medication provides temporary relief. Physical examinations dated June 19, 2015-July 27, 2015 reveal limited range of motion, but improving in her wrists with swelling noted. The wrist extensor is tender to palpation and muscle strength is 4-5. Tinel's, Phalen's and Finklenstein tests are negative, radial pulses are intact as is sensation to light touch. There is full range of motion in the thumbs bilaterally and tenderness to palpation to the A1 pulley. The thumbs are neurovascularly intact. Treatment to date has included right thumb Spica splint, physical therapy (provided relief), medication (Advil and Ibuprofen) home exercise program, acupuncture (relieved pain), activity modification (relieved pain), right elbow support and x-rays. A request EMG-NCV for the bilateral upper extremities was modified to EMG bilateral upper extremities stating NCV is not warranted and a Functional Capacity Evaluation was denied as the injured worker does not fit criteria, per Utilization Review letter dated August 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BUE: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Special Studies.

Decision rationale: This claimant was injured in February and reported right elbow, bilateral forearm-wrist and bilateral thumb pain. The injured worker was diagnosed as having lateral epicondylitis, tendinitis, repetitive strain injury and bilateral trigger thumb. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary.

FCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: This claimant was injured in February and reported right elbow, bilateral forearm-wrist and bilateral thumb pain. The injured worker is diagnosed as having lateral epicondylitis, tendinitis, repetitive strain injury and bilateral trigger thumb. Per the guides, a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, there is little scientific evidence confirming that an FCE predicts an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. In this case, I did not find prior unsuccessful return to work attempts, or the cases-relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case did not meet this timing criterion. For these reasons, this request is not medically necessary.