

Case Number:	CM15-0038638		
Date Assigned:	03/09/2015	Date of Injury:	10/12/2014
Decision Date:	04/20/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 30-year-old female, who sustained an industrial injury on 10/12/2014. The diagnoses have included right and left hip sprain/strain and left forearm pain. Treatment to date has included physical therapy, modified work and medications. Currently, the IW complains of intermittent left forearm pain rated as 8/10 and bilateral hip pain with radiation to the knee with right leg numbness. The right hip pain was rated as 6/10 and the left hip pain was rated as 8/10. Objective findings included moderate tenderness to palpation over the left sacrum and bilateral hips. There was a positive orthopedic test and slight increase in range of motion studies. On 1/23/2015, Utilization Review non-certified a request for outpatient magnetic resonance imaging (MRI) of the left arm and bilateral hips, EMG (electromyography)/NCV (nerve conduction studies) of the left upper extremity, Functional Capacity Evaluation (FCE) and orthopedic evaluation noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM Guidelines, ODG and non-MTUS sources were cited. On 1/23/2015, the injured worker submitted an application for IMR for review of x-rays (approved), functional capacity evaluation (FCE), ortho evaluation and MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left arm and bilateral hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging) Hip and Pelvis Chapter, under MRI.

Decision rationale: The patient presents with forearm and hip pain radiating to lower extremity rated at 8/10. The request is for MRI OF THE LEFT ARM AND BILATERAL HIP. The request for authorization is not provided. Treater's progress report was handwritten with minimal information. Patient has had 6 sessions of physical therapy. The patient is not working. ODG guidelines, chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging), state that "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." ODG Guidelines, Hip and Pelvis Chapter, under MRI states: "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films." Indicators include osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fracture; acute and chronic soft tissue injuries; and tumors. Treater does not provide reason for the request. Physical examination findings pertaining to the left arm and bilateral hips are unremarkable. Treater has not provided X-ray of the left arm or the hips, nor discussed red flags or issues of concern. There is no documentation or discussion that patient has had surgery to the left arm or hips, either. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

EMG/NCV of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with forearm and hip pain radiating to lower extremity rated at 8/10. The request is for EMG/NCV OF THE LEFT UPPER EXTREMITY. The request for authorization is not provided. Treater's progress report was handwritten with minimal information. Patient has had 6 sessions of physical therapy. The patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such

as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater does not provide reason for the request. However, given the patient's upper extremity symptoms, EMG/NCV studies would appear reasonable. Furthermore, there is no evidence that this patient has had prior upper extremity EMG/NCV studies done. Therefore, the request IS medically necessary.

Functional Capacity Evaluation: 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 ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient presents with forearm and hip pain radiating to lower extremity rated at 8/10. The request is for FUNCTIONAL CAPACITY EVALUATION. The request for authorization is not provided. Treater's progress report was handwritten with minimal information. Patient has had 6 sessions of physical therapy. The patient is not working. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations; may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Treater does not provide reason for the request. In this case, the patient has undergone conservative treatment in the form of medications and physical therapy, but continues to have pain. Provided progress reports do not mention a request from the employer or claims administrator. There is no discussion about the current request or prior evaluations in the reports. Routine FCE is not supported by ACOEM. Therefore, the request IS NOT medically necessary.

Orthopedic evaluation: Overturned

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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with forearm and hip pain radiating to lower extremity rated at 8/10. The request is for ORTHOPEDIC EVALUATION. The request for authorization is not provided. Treater's progress report was handwritten with minimal information. Patient has had 6 sessions of physical therapy. The patient is not working. ACOEM Practice Guidelines,

2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Treater does not provide reason for the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and is requesting a referral for orthopedic evaluation. Given the patient's condition, the request for a referral appears reasonable. Therefore, the request IS medically necessary.