MAXIMUS Federal Services

Case Number:	CM15-0077960		
Date Assigned:	04/29/2015	Date of Injury:	07/08/2004
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 44 year old male, who sustained an industrial injury on 07/08/2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having ongoing right greater than the left distal upper extremity pain, persistent right scaphotrapezoid trapezial pain without progression into osteoarthritis, and mild left carpal tunnel syndrome. Treatment to date has included occupational therapy, status post right carpal tunnel and de Quervain's release surgery, medication regimen, and ultrasound of the right carpal tunnel/median nerve. In a progress note dated 03/03/2015 the treating physician reports complaints of ongoing right thumb ray symptoms, occasional left hand numbness and tingling, and bilateral distal upper extremity pain. The treating physician also notes ongoing mild tenderness at the right scaphotrapezial and trapezial joint, mild tightness to the right first dorsal compartment, and a mildly positive test for carpal tunnel syndrome. The treating physician requested a left upper extremity electrodiagnostic study to check for possible progression of left carpal tunnel syndrome and a Functional Capacity Evaluation with the treating physician noting that the injured worker was not at maximum medical improvement (MMI)/permanent and stationary. The original request was in March 2014 and the tests / studies were again requested in March 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG/NCV of the left upper extremity.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12,21.

Decision rationale: Per the ACOEM, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. Such evaluations can translate medical impairment into functional limitations and determine work capability. This injured worker was already able to participate in therapy it has been a full year since the original request in 3/14. The records do not support that the worker has had prior unsuccessful return to work attempts to substantiate the medical necessity for a functional capacity evaluation.