

Case Number:	CM15-0091058		
Date Assigned:	05/15/2015	Date of Injury:	06/06/2011
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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 Jersey
Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 06/06/2011. She has reported subsequent low back, bilateral shoulder, wrist and neck pain and was diagnosed with neural encroachment of right L4-L5 and L5-S1, rule out right and left shoulder impingement/rotator cuff pathology, rule out de Quervain's tenosynovitis, cervical pain and left median and ulnar neuropathy. Treatment to date has included oral pain medication, application of heat and ice, home exercise program, splinting and occupational therapy. In a progress note dated 03/05/2015, the injured worker complained of low back, bilateral lower extremity, bilateral wrist/hand and bilateral shoulder pain. Objective findings were notable for decreased range of motion of the lumbar spine. A request for authorization of electromyography/nerve conduction study of the bilateral upper extremities and MRI of the left wrist was submitted to rule out internal derangement/de Quervain's tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electromyography (EMG); Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 week period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there were insufficient physical examination findings to suggest any level of radiculopathy or worsening of symptoms to justify moving directly to an EMG/NCV of the upper extremities. Therefore, the request for EMG/NCV is not medically necessary, considering the notes available for review at this time.

MRI of the left wrist: 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), Forearm, Wrist & Hand, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with wrist problems, special studies such as MRI are not needed until after a four to six week period of conservative care and observation. Special imaging studies may be considered in cases of suspected fracture, ligament rupture, recurrent ganglion, suspected infection or autoimmune disease. In the case of this worker, there was a report of persistent wrist pain, however, the notes did not show which physical findings were present or not present, which provocative tests performed in order to rule out de Quervain's tenosynovitis, which was the reported reason stated for ordering the MRI of the left wrist. Tenosynovitis is typically a clinical diagnosis and MRI should not be necessary until after physical examination findings are confusing. However, since no record of the left wrist physical examination (recent) was included for review, the request for MRI is not medically necessary.