

Case Number:	CM15-0093094		
Date Assigned:	05/29/2015	Date of Injury:	01/14/2013
Decision Date:	08/14/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/14/2015

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: Orthopedic Surgery

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 46 year old female, who sustained an industrial injury on 1/14/13. The injured worker has complaints of neck pain, upper and lower back pain, right elbow pain, left elbow pain, right and left wrist/hand pain, right and left hip pain and left knee pain. The documentation noted the injured worker has light touch sensation in intact. The diagnoses have included cervical spine disc bulges; thoracic spine strain; lumbar spine strain; right elbow strain; left elbow strain; right wrist/hand strain; left wrist/hand strain/right hip strain/ left hip strain/ left knee internal derangement and other problems unrelated to current evaluation. Treatment to date has included on 3/16/15 had an cervical spine epidural injection; left knee injections; acupuncture; H-wave; chiropractic treatment and magnetic resonance imaging (MRI) of the cervical spine showed decreased C5-6 and C6-7. The request was for electromyography/nerve conduction velocity of bilateral upper and lower extremities, X-rays of left hand, right elbow, right hand, cervical spine, right wrist, left wrist, left elbow and lumbar spine, magnetic resonance imaging (MRI) of the lumbar and thoracic spine, left knee arthroscopy, six physical therapy sessions cervical and lumbar spine and bilateral wrists once a week for six weeks and shockwave therapy for the right wrist once a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-304.

Decision rationale: Per the CA MTUS/ACOEM Guidelines Low Back Complaints, pages 303-304 regarding electrodiagnostic testing, it states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. Table 12-8 recommends against EMG for clinically obvious radiculopathy. In this particular patient there is no indication of criteria for electrodiagnostic studies based upon physician documentation or physical examination findings. There is clear documentation of lumbar radiculopathy from the cited records and exam note from 3/16/15. Therefore the request of the electrodiagnostic studies is not medically necessary and appropriate.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel, Electrodiagnostic studies.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section it states, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 3/16/15 to warrant NCS or EMG. Therefore the request is not medically necessary and appropriate.

Left hand X-rays: 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, and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 266-278. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and hand, Radiography, Indications for imaging: X-rays.

Decision rationale: MTUS ACOEM Practice Guidelines, Chapter 11, pages 266-278 states "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Per the Official Disability Guidelines, Forearm, Wrist and hand, Radiography, Indications for imaging, X-rays are: Acute hand or wrist trauma, wrist trauma, first exam; Acute hand or wrist trauma, suspect acute scaphoid fracture, first exam, plus cast and repeat radiographs in 10-14 days; Acute hand or wrist trauma, suspect distal radioulnar joint subluxation; Acute hand or wrist trauma, suspect hook of the hamate fracture; Acute hand or wrist trauma, suspect metacarpal fracture or dislocation; Acute hand or wrist trauma, suspect phalangeal fracture or dislocation; Acute hand or wrist trauma, suspect thumb fracture or dislocation; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); and Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury and no specific area of pain specified. The treating physician has not provided documentation as to why this X-ray is being requested this far post initial injury. There is no indication that this patient from the exam note of 3/16/15 of a re-injury, new injury, or evidence of red flag symptoms. Therefore the request is not medically necessary and appropriate.

Right elbow X-rays: 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), Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 266-278. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and hand, Radiography, Indications for imaging: X-rays.

Decision rationale: MTUS ACOEM Practice Guidelines, Chapter 11, pages 266-278 states "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Per the Official Disability Guidelines, Forearm, Wrist and hand, Radiography, Indications for imaging, X-rays are: Acute hand or wrist trauma, wrist trauma, first exam; Acute hand or wrist trauma, suspect acute scaphoid fracture, first exam, plus cast and repeat radiographs in 10-14 days; Acute hand or wrist trauma, suspect distal radioulnar joint subluxation; Acute hand or wrist trauma, suspect hook of the hamate fracture; Acute hand or wrist trauma, suspect metacarpal fracture or dislocation; Acute hand or wrist trauma, suspect phalangeal fracture or dislocation; Acute hand or wrist trauma, suspect thumb fracture or dislocation; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); and Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. The treating physician has not provided documentation as to why this X-ray is being requested this far post initial injury. There is no indication that this patient from the exam note of 3/16/15 of a re-injury, new injury, or evidence of red flag symptoms. Therefore the request is not medically necessary and appropriate.

Right hand X-rays: 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, and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 266-278. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and hand, Radiography, Indications for imaging: X-rays.

Decision rationale: MTUS ACOEM Practice Guidelines, Chapter 11, pages 266-278 states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Per the Official Disability Guidelines, Forearm, Wrist and hand, Radiography, Indications for imaging, X-rays are: Acute hand or wrist trauma, wrist trauma, first exam; Acute hand or wrist trauma, suspect acute scaphoid fracture, first exam, plus cast and repeat radiographs in 10-14 days; Acute hand or wrist trauma, suspect distal radioulnar joint subluxation; Acute hand or wrist trauma, suspect hook of the hamate fracture; Acute hand or wrist trauma, suspect metacarpal fracture or dislocation; Acute hand or wrist trauma, suspect phalangeal fracture or dislocation; Acute hand or wrist trauma, suspect thumb fracture or dislocation; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); and Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. The treating physician has not provided documentation as to why this X-ray is being requested this far post initial injury. There is no indication that this patient from the exam note of 3/16/15 of a re-injury, new injury, or evidence of red flag symptoms. Therefore the request is not medically necessary and appropriate.

Cervical spine X-rays: 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), Neck and Upper Back Chapter.

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

Decision rationale: CA MTUS/ACOEM, Chapter 8, Neck and Upper Back complaints, pages 177-178 identifies documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure, as criteria necessary to support the medical necessity of cervical spine X-rays. In this case, there is no documentation from the exam note of 3/16/15 of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. Therefore, based on guidelines and a review of the evidence, the request for X-rays of the cervical spine and is not medically necessary.

Right wrist X-rays: 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, and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 266-278. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and hand, Radiography, Indications for imaging: X-rays.

Decision rationale: MTUS ACOEM Practice Guidelines, Chapter 11, pages 266-278 states "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. " Per the Official Disability Guidelines, Forearm, Wrist and hand, Radiography, Indications for imaging, X-rays are: Acute hand or wrist trauma, wrist trauma, first exam; Acute hand or wrist trauma, suspect acute scaphoid fracture, first exam, plus cast and repeat radiographs in 10-14 days; Acute hand or wrist trauma, suspect distal radioulnar joint subluxation; Acute hand or wrist trauma, suspect hook of the hamate fracture; Acute hand or wrist trauma, suspect metacarpal fracture or dislocation; Acute hand or wrist trauma, suspect phalangeal fracture or dislocation; Acute hand or wrist trauma, suspect thumb fracture or dislocation; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); and Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. The treating physician has not provided documentation as to why this X-ray is being requested this far post initial injury. There is no indication that this patient from the exam note of 3/16/15 of a re-injury, new injury, or evidence of red flag symptoms. Therefore the request is not medically necessary and appropriate.

Left wrist X-rays: 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, and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 266-278. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and hand, Radiography, Indications for imaging: X-rays.

Decision rationale: MTUS ACOEM Practice Guidelines, Chapter 11, pages 266-278 states "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Per the Official Disability Guidelines, Forearm, Wrist and hand, Radiography, Indications for imaging, X-rays are: Acute hand or wrist trauma, wrist trauma, first exam; Acute hand or wrist trauma, suspect acute scaphoid fracture, first exam, plus cast and repeat radiographs in 10-14 days; Acute hand or wrist

trauma, suspect distal radioulnar joint subluxation; Acute hand or wrist trauma, suspect hook of the hamate fracture; Acute hand or wrist trauma, suspect metacarpal fracture or dislocation; Acute hand or wrist trauma, suspect phalangeal fracture or dislocation; Acute hand or wrist trauma, suspect thumb fracture or dislocation; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); and Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. The treating physician has not provided documentation as to why this X-ray is being requested this far post initial injury. There is no indication that this patient from the exam note of 3/16/15 of a re-injury, new injury, or evidence of red flag symptoms. Therefore the request is not medically necessary and appropriate.

Left elbow X-rays: 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), Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 258-268.

Decision rationale: According to the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand, pages 258-268, criteria for ordering imaging studies are: "The imaging study results will substantially change the treatment plan, emergence of a red flag, failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological, dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed." Per the exam note of 3/16/15 there is lack of red flag findings or significant rationale provided to support elbow X- rays. Indiscriminate imaging not supported by history or examination findings is not supported by guidelines. Medical necessity is not established for elbow X-rays. Therefore the request is not medically necessary and appropriate.

X-ray of the lumbar spine: 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: CA MTUS/ACOEM Chapter 12, Low Back complaints, page 303, states lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. The documentation from 3/16/15 makes it unclear how lumbar X-rays would change the patient management. There are no new red flag conditions or progressive

neurological deficits. Therefore, this request is not medically necessary and appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to CA MTUS/ (ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 3/16/15. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. Therefore the request of the MRI of the lumbar spine is not medically necessary and appropriate.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, pages 177-178 recommends MRI of the thoracic spine when there is a red flag, evidence of tissue insult or neurologic dysfunction. In this case the cited records from 3/16/15 do not demonstrate any of these conditions that would warrant an MRI of the thoracic spine. Therefore the request is not medically necessary and appropriate.

Left knee arthroscopy: 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), Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 344-345. Decision based on Non-MTUS Citation ODG Knee and Leg section, Meniscectomy section.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear/ symptoms other than simply pain (locking, popping, giving way, recurrent effusion)." According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 3/16/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. Therefore the request is not medically necessary and appropriate.

Six physical therapy sessions cervical and lumbar spine and bilateral wrists once a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; and Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. In this case there is insufficient evidence as to why the patient cannot be placed on a home based program. As there is lack of adequate rationale from the exam note of 3/16/15, the request is not medically necessary and appropriate.

Shockwave therapy for the right wrist once a week for four weeks: 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), Elbow Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, ESWT.

Decision rationale: CA MTUS/ACOEM does not address the request for extracorporeal shockwave therapy for the wrist. Official Disability Guidelines do not address ESWT for the wrist but do address it for the elbow, which is not recommended. There is no clear indication in the clinical submitted from the exam of 3/16/15 that the patient failed other conservative treatment to necessitate extracorporeal shock wave therapy. As such, the request for ESWT of the right wrist is not medically necessary and appropriate.