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| Case Number: | CM13-0000977 | | |
| Date Assigned: | 11/08/2013 | Date of Injury: | 01/26/2012 |
| Decision Date: | 01/13/2014 | UR Denial Date: | 06/18/2013 |
| Priority: | Standard | Application Received: | 07/05/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

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 patient is a 28 YO, M with a date of injury on 1/26/12. The progress report dated 4/5/13 by [REDACTED] noted that the patient had complaints of progressive pain in the bilateral elbows, forearms, and wrists for approximately a year. The patient's diagnoses include: bilateral medial epicondylitis; bilateral wrist pain; bilateral elbow pain; bilateral De Quervain's tenosynovitis. The patient has undergone a right wrist injection, which helped for a few days. He also underwent physical therapy, which was completed in May 2012 and acupuncture that was completed in August 2012. He reported that the said treatments provided moderate pain relief. The patient was also prescribed bilateral wrist splints. The progress report dated 5/6/13 noted a RFA for a new EMG/NCV study to be authorized as the prior February 2013 EMG/NCV report was still not available for review. The patient has ongoing increased complaints of radicular, neuropathic pain in both upper extremities and neurological changes of weakness on exam. A request was also made for 12 PT sessions. The 2/26/13 EMG/NCV study by [REDACTED] was interpreted as a normal study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): 261.

Decision rationale: The progress report dated 4/5/13 by [REDACTED] noted that the patient had complaints of progressive pain in the bilateral elbows, forearms, and wrists for approximately a year. The patient's diagnoses include: bilateral medial epicondylitis; bilateral wrist pain; bilateral elbow pain; bilateral De Quervain's tenosynovitis. The patient has undergone a right wrist injection, which helped for a few days. He also underwent physical therapy, which was completed in May 2012 and acupuncture that was completed in August 2012. He reported that the said treatments provided moderate pain relief. The patient was also prescribed bilateral wrist splints. The progress report dated 5/6/13 noted an RFA for a new EMG/NCV study to be authorized as the prior February 2013 EMG/NCV report was still not available for review. The patient has ongoing increased complaints of radicular, neuropathic pain in both upper extremities and neurological changes of weakness on exam. The 2/26/13 EMG/NCV study by [REDACTED] was interpreted as a normal study. ACOEM pg. 261 states that if the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The requested EMG/NCV study appears to be reasonable as the patient's symptoms were progressively increasing. Authorization is recommended.

12 Physical Therapy Sessions (2 times a week for 6 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. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 98-99.

Decision rationale: The progress report dated 4/5/13 by [REDACTED] noted that the patient had complaints of progressive pain in the bilateral elbows, forearms, and wrists for approximately a year. The patient's diagnoses include: bilateral medial epicondylitis; bilateral wrist pain; bilateral elbow pain; bilateral De Quervain's tenosynovitis. The patient has undergone right wrist injection, which helped for a few days. He also underwent physical therapy, which was completed in May 2012 and acupuncture that was completed in August 2012. He reported that the said treatments provided moderate pain relief. The patient was also prescribed bilateral wrist splints. A request was made for 12 PT sessions. The patient may benefit from a course of physical therapy, but the requested 12 PT visits exceeds the 8-10 visits recommended by MTUS for neuralgia, neuritis, and radiculitis. Therefore recommendation is for denial.