

Case Number:	CM13-0003362		
Date Assigned:	03/03/2014	Date of Injury:	03/09/2012
Decision Date:	05/12/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for elbow pain, wrist pain, shoulder pain, and neck pain reportedly associated with cumulative trauma at work between the dates of June 1, 2005 through March 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; electrodiagnostic testing of May 4, 2012, reportedly notable for a mild bilateral carpal tunnel syndrome; MRI imaging of the left wrist of April 9, 2013, reportedly unremarkable; MRI imaging of the left elbow of April 9, 2013, notable for evidence of lateral epicondylitis with tearing and tendinosis of the common extensor tendon origin; MRI imaging of the right wrist of March 30, 2013, notable for subchondral cystic changes of the distal radius; MRI imaging of the right elbow of March 30, 2013, notable for findings consistent with lateral epicondylitis; twenty sessions of physical therapy, per the claims administrator; an H-Wave device; and wrist braces. In a Utilization Review Report of July 2, 2013, the claims administrator denied a request for 12 to 18 sessions of physical therapy, MRI imaging of the bilateral hands and wrists, and electrodiagnostic testing of the bilateral upper extremities. The applicant's attorney subsequently appealed. A clinical progress note of July 17, 2013 is notable for comments that the applicant reports a persistent 2-6/10 elbow, wrist, and finger pain. The applicant is off work. Diminished sensorium is noted about the median nerve distribution bilaterally. The applicant was given diagnosis of rule out bilateral carpal tunnel, ulnar root entrapment neuropathy, bilateral lateral epicondylitis, cervical spine strain, cervical degenerative disk disease, and bilateral shoulder impingement syndrome. Naprosyn, Prilosec, and Medrox patches were prescribed while the applicant was placed off work, on total temporary disability. In a June 5, 2013 progress note, the attending provider sought authorization for MRI imaging of the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, wrists, and hands along with electrodiagnostic testing of bilateral upper extremities. Naprosyn, Prilosec, and

Medrox were endorsed while the applicant was again placed off work, on total temporary disability. It was stated that the applicant had alleged multifocal pain about the shoulders, wrists, elbows, neck, and hands secondary to cumulative trauma at work

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF BILATERAL HANDS AND WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272, Chronic Pain Treatment Guidelines.

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

Decision rationale: In this case, the operating diagnosis on file insofar as the hand and wrist are concerned is carpal tunnel syndrome. This has already been electrodiagnostically confirmed. It is unclear why MRI imaging is being sought here as the applicant already has an established diagnosis of bilateral carpal tunnel syndrome. Furthermore, the MTUS guideline in ACOEM Chapter 11, Table 11-6, page 69 scores MRI imaging 1/4 in its ability to identify and define suspected carpal tunnel syndrome, the operating diagnosis present here. MRI imaging is not indicated here, for all of the stated reasons. Therefore, the request is not certified, on Independent Medical Review.

EMG OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 11, page 261 does support appropriate electrodiagnostic testing, including EMG testing, in an effort to try and differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy, in this case, however, the applicant has already had earlier electrodiagnostic testing in 2012 which did definitively establish a diagnosis of carpal tunnel syndrome. Repeat testing is, by definition, superfluous, as the diagnosis in question has already been definitively established. Therefore, the request is not certified, on Independent Medical Review.

NCV OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NCV

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Again, while the MTUS Guideline in ACOEM Chapter 11, page 261 does support repetition of electrodiagnostic testing later in the course of treatment if symptoms persist in individuals in whom the first set of the electrodiagnostic testing was negative, in this case, however, the applicant already had earlier positive electrodiagnostic testing in 2012. The diagnosis of carpal tunnel syndrome has already been established, both clinically and electrodiagnostically. Repeat testing is, by definition, superfluous. Therefore, the request is not certified, on Independent Medical Review.

PT 2-3X6 WEEKS FOR THE NECK, SHOULDERS, ELBOWS, AND HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The applicant has already had prior treatment (at least 20 sessions) over the life of the claim, seemingly well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia and neuritis of various body parts, the issue present here. In this case, moreover, there has been no demonstration of functional improvement with prior treatment which would support further treatment beyond the guideline. The applicant is off work. The applicant remains highly reliant on various diagnostic tests, medications, and other forms of treatment. Accordingly, the request for additional physical therapy beyond the guideline is not certified owing to a lack of functional improvement with earlier treatment.