

Case Number:	CM13-0005391		
Date Assigned:	03/03/2014	Date of Injury:	12/05/2009
Decision Date:	03/28/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	07/31/2013

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:

This case involves a 42 year-old male with a 12/5/09 cumulative trauma industrial injury claim. According to the 6/11/13 chiropractic report from [REDACTED], the patient presents with 8/10 neck and back pain, and with pain in both elbows, hands with weakness in both hands. The diagnoses included: Cervical strain/sprain with radiculitis; bilateral CTS, bilateral deQuervain's syndrome; bilateral lateral epicondylitis; lumbar sprain/strain with radiculitis; stress and anxiety. Physical Therapy (PT) was reported to be "helping" and additional Physical Therapy 2x4 was requested, as well as EMG/NCV to r/o radiculopathy vs CTS, and pain management consultation. On 7/24/13, [REDACTED] denied the EMG/NCV, PT and denied the pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178, 260-262.

Decision rationale: The patient presents with neck and upper extremity pain from a cumulative trauma claim. [REDACTED] has attempted to get electrodiagnostic studies on his initial visit of 4/2/13. He noted positive Phalens and Tinel's at the wrists and positive cervical compression

testing. On 5/14/13, the exam findings remained unchanged, the pain was reported as 8/10, and [REDACTED] recommended Physical Therapy (PT) 2x4. On 6/11/13, the exam findings remain unchanged Phalens, Tinel's still positive. The patient was attending PT and [REDACTED] recommended an additional 8 sessions, and continues with attempts to get the electrodiagnostics approved, and recommends pain management consult. MTUS/ACOEM guidelines state: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist". The request for EMG of the upper extremities is in accordance with MTUS/ACOEM guidelines.

NCV OF THE UPPER EXTREMITES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: The patient presents with neck and upper extremity pain from a cumulative trauma claim. [REDACTED] has attempted to get electrodiagnostic studies on his initial visit of 4/2/13. He noted positive Phalens and Tinel's at the wrists and positive cervical compression testing. On 5/14/13, the exam findings remained unchanged, the pain was reported as 8/10, and [REDACTED] recommended PT 2x4. On 6/11/13, the exam findings remain unchanged Phalens, Tinel's still positive. The patient was attending PT and [REDACTED] recommended an additional 8 sessions, and continues with attempts to get the electrodiagnostics approved, and recommends pain management consult. MTUS/ACOEM guidelines state: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist". The request for NCV of the upper extremities is in accordance with MTUS/ACOEM guidelines.

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS TO THE UPPER EXTREMITIES: Upheld

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

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

Decision rationale: The patient presents with neck and upper extremity pain from a cumulative trauma claim. [REDACTED] has attempted to get electrodiagnostic studies on his initial visit of

4/2/13. He noted positive Phalens and Tinel's at the wrists and positive cervical compression testing. On 5/14/13, the exam findings remained unchanged, the pain was reported as 8/10, and [REDACTED] recommended PT 2x4. On 6/11/13, the exam findings remain unchanged Phalens, Tinel's still positive. The patient was attending PT and [REDACTED] recommended an additional 8 sessions. MTUS recommends 8-10 sessions of PT for various myalgias and neuralgias. The request for an additional 8 sessions of PT when combined with the prior 8 sessions of PT will exceed the MTUS recommendations, therefore the request is non-certified.

CONSULTATION WITH PAIN MANAGEMENT: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient presents with neck and upper extremity pain from a cumulative trauma claim. [REDACTED] has attempted to get electrodiagnostic studies on his initial visit of 4/2/13. He noted positive Phalens and Tinel's at the wrists and positive cervical compression testing. On 5/14/13, the exam findings remained unchanged, the pain was reported as 8/10, and [REDACTED] recommended a pain management consultation. It is noted that [REDACTED] specialty is chiropractic care and prescribing medications for pain control are not in the chiropractic scope. MTUS chronic pain guidelines and MTUS/ACOEM topics did not discuss pain management consultations for medication management. The AD has not adopted ACOEM chapter 7 into the MTUS, but this would still be among the next highest ranked review standard under LC 4610.5(2). ACOEM states a referral can be made to other specialists "when the plan or course of care may benefit from additional expertise". The pain management consultation request from the chiropractor is in accordance with the ACOEM guidelines.