MAXIMUS Federal Services

Case Number:	CM13-0031739		
Date Assigned:	12/04/2013	Date of Injury:	02/06/2013
Decision Date:	01/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/04/2013

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 Family Practice and is licensed to practice in Arizona and 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. 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:

This is a female claimant who sustained an injury on 2/6/13 that resulted in left lateral epicondylitis. At the time of injury the claimant received physical therapy sessions and no diagnostics or other interventions were recommended. After one session of therapy the symptoms improved. A progress note on 6/14/13 indicated she exceeded the limitations in therapy and was returning to work with modified duty along with use of a brace. On 7/1/13 she had developed symptoms of carpal tunnel and acupuncture was recommended. On 7/1/13 there was delayed recovery after receiving acupuncture and an electromyography was ordered. On 8/27/13 there were fewer symptoms after receiving more acupuncture. An exam report on 9/12/13 showed 4+/5 grip strength on the right wrist, tenderness of the right shoulder and insertion of the biceps tendon. Due to continued findings of epicondylitis and carpal tunnel along with the claimant's refusal to use steroid injections, electromyography/nerve conduction study were recommended to guide further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - 12 visits for left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272.

Decision rationale: According to the ACOEM guidelines, management of epincondylitis and carpal tunnel may benefit from home exercise, hot/cold therapy, analgesics, and steroid injections. Physical therapy beyond education for a home exercise program is not recommended. Furthermore, the claimant had already received several forms of therapy, including acupuncture for several months. Consequently, 12 sessions of physical therapy is not medically necessary.

Electromyography/Nerve Conduction Study (EMG/NCS) for bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-272.

Decision rationale: According to the ACOEM guidelines, EMG/NCS studies are recommended when the diagnosis of carpal tunnel is uncertain. The claimant in this case already has clinical findings and numerous prior exams with a diagnosis of carpal tunnel syndrome. Conduction studies should be considered prior to surgery. In this case, there is no plan for surgery and the claimant does not desire simple measures such as injections. As a result, these tests are not medically necessary for diagnosis and do not provide therapeutic benefit. The requested EMG/NCS is not medically necessary or appropriate.