

<b>Case Number:</b>	CM13-0043048		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 is a 45-year-old female sustained an industrial injury on April 26, 2010. Diagnoses included right thumb carpometacarpal joint osteoarthritis with bilateral mild lateral epicondylitis, bilateral median nerve entrapment at the wrist with left DeQuervain's tenosynovitis was made. A doctor's first report of injury October 2, 2013 indicates initial evaluation for the treatment included wrist splint provided, nerve study performed with ongoing work activities recommended. Cortisone injections along with a degree of continued pain was noted. Complaints include bilateral wrist pain with radiating pain up to the shoulders with a degree of spasm and pulling type pain. Examination of the cervical spine demonstrated no deficits. Examination of the right upper extremity indicates a positive Phalen's and carpal compression sign, negative Tinel at the wrist with a negative Tinel at the elbow. Elbow flexion test is positive with positive tenderness over the thumb carpometacarpal joint with tenderness over the lateral elbow and a positive CMC grind maneuver. On the left side positive Phalen's and carpal compression test were noted with a positive Tinel at the elbow and a positive elbow flexion sign. Tenderness was present over the dorsal wrist, dorsal forearm first dorsal compartment and lateral elbow with a positive Finkelstein's test. Full duty work was considered reasonable. Also noted with the evaluation a bilateral thumb spica splint was provided along with topical medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) and nerve conduction velocity (NCV) testing for the upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome

**Decision rationale:** The ACOEM/MTUS guidelines describe nerve conduction studies for the upper extremity, carpal tunnel issue stating the following: In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocaine injection with or without corticosteroids. There is an indication that nerve conduction studies were performed in the past. Repeating the studies may be superfluous if the findings are significant. Therefore prior to considering any additional new nerve studies it would be appropriate for evaluation of the prior studies to determine necessity of repeating a studies or as to whether the previous studies are adequate for ongoing treatment. Therefore without review of those nerve studies additional new conduction studies at this time would be noncertified.

**Occupational therapy for the upper extremities (8 sessions):** Upheld

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

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

**Decision rationale:** Occupational therapy for the bilateral upper extremities not medically necessary. In utilizing occupational therapy, it is unclear for an injury dated back to April of 2010 to whether a degree of therapy in the past has been provided and is reported to be beneficial. There is an indication that the injured worker did receive a degree of treatment including injections. If therapy in the past is been beneficial with a significant timeframe for which therapy has elapsed, therapy may be considered. Without documentation of this past therapy and objective findings, the request is noncertified.

**A pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

**Decision rationale:** The ACOEM/MTUS guidelines describe considerations for consultation stating that consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory

capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this instance the diagnosis has been made based on the clinical examination. As well the prognosis and therapeutic management and other aspects of the consultation have all been detailed by [REDACTED] in his evaluation. Therefore it is entirely unclear as to what benefits are to be derived from pain management consultation. Therefore with the type of diagnosis with the type of specialty the current evaluation that has occurred there is no indication or need for pain management consultation and therefore the request is noncertified.