

<b>Case Number:</b>	CM13-0047107		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 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 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 patient is a 47-year-old female with a date of injury of 06/22/2011. The listed diagnoses are: Bilateral wrist pain, History of carpal tunnel syndrome, status post bilateral carpal tunnel release surgeries, Bilateral lateral epicondylitis, and Cervical radiculopathy with objective findings on examination. According to report dated 10/02/2013, the patient complains of pain in the neck, bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrists, and bilateral hands. Her neck pain radiates down to her right upper extremity. The pain is associated with numbness and tingling in the right arm and bilateral hands as well as weakness in the bilateral arms and hands. She reports dropping things and difficulties opening jars. She rates the severity of the pain 8/10. It was noted the patient underwent right carpal tunnel release on 08/31/2013 and left carpal tunnel release on 01/11/2012. Examination of the elbow reveals tenderness to palpation over the lateral epicondyle and negative Tinel's sign. Examination of the right wrist reveals surgical scar and swelling. Range of motion is restricted. Examination of the left wrist revealed surgical scar and swelling with restricted range of motion. There is light touch sensation decreased over the thumb, index finger, middle finger on the right side and ring finger and little finger on the left side. Hoffman's sign is positive on the left. Utilization review is dated 10/22/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAM (EMG) OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 262.

**Decision rationale:** This patient presents with complaints of pain in the neck, bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrists, and bilateral hands. Physician is requesting an EMG of the bilateral upper extremities. ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. AME report dated 08/26/2013 states the patient underwent an EMG in June 2011, July 2011 and October 2012. The patient ultimately had a right carpal tunnel release. The Physician is requesting an updated EMG to rule out cervical spine radiculopathy versus peripheral nerve entrapment given objective findings of "extremity sensory impairment and subjective symptoms of numbness and tingling." In this case, the patient has had three prior EMGs and already has a diagnosis of cervical radiculopathy. It is unclear what further information can be obtained with yet another EMG. Recommendation is for denial.

**ONE MONTH TRIAL OF TENS UNIT FOR THE BILATERAL WRISTS AND ELBOWS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** This patient presents with complaints of pain in the neck, bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrists, and bilateral hands. Physician is requesting a 1 month trial of TENS unit. Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the Physician requests a trial of 30 days but on his 10/02/2013 report states, "she uses a TENS unit regularly which provides her with mild pain relief." The patient has been utilizing a TENS unit with no documentation in terms of outcome of usage and functional benefits, except for one statement of "provides her with mild pain relief." MTUS requires documentation of how often the unit is used and outcomes in terms of pain relief. Recommendation is for denial.

**PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS (2X6) FOR THE BILATERAL ELBOWS AND BILATERAL WRISTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Physical Medicine.

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

**Decision rationale:** This patient presents with complaints of pain in the neck, bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrists, and bilateral hands. Physician is requesting 12 physical therapy sessions. For physical medicine, the MTUS guidelines page 98, 99 recommends 9-10 visits over 8 weeks. Review of the medical file from 08/26/2013 to 10/02/2013 does not indicate the patient has participated in any recent physical therapy. A short course of 9-10 sessions may be indicated for the patient's continued pain and weakness. However, the Physician's request for 12 sessions exceeds what is recommended by the guidelines. Recommendation is for denial.

**PRESCRIPTION OF LIDODERM 5% PATCH, 1 PATCH DAILY #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** This patient presents with complaints of pain in the neck, bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrists, and bilateral hands. Physician is requesting Lidoderm patches. The MTUS Guidelines page 112 states under lidocaine, indications are for neuropathic pain "recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for neuropathy." Utilization review denied this request stating the patient did not present with any neuropathic pain. This patient on examination presented with neck pain that radiated into upper extremities and has a diagnosis of cervical radiculopathy. There is no indication that this patient has been prescribed this medication in the past. Given the patient's neuropathic pain, a trial of Lidoderm patches may be indicated. Recommendation is for approval.

**NERVE CONDUCTION VELOCITY(NCV) STUDY OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 178.

**Decision rationale:** This patient presents with complaints of pain in the neck, bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrists, and bilateral hands. Physician is requesting Nerve Conduction Velocity study of the bilateral upper extremities. The ACOEM Guidelines page 178 states "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NVC may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks." In this case, the patient underwent a nerve conduction test in 07/09/2011 and 11/30/2011 confirming moderate carpal tunnel syndrome and

has a diagnosis of cervical radiculopathy. It is unclear what further information can be obtained with yet another nerve conduction study. Recommendation is for denial.