

Case Number:	CM13-0049928		
Date Assigned:	01/03/2014	Date of Injury:	09/04/2011
Decision Date:	08/29/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/08/2013

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 General Surgery and is licensed to practice in Texas. 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 injured worker is a 70 year old female who had a work related injury on 09/04/11. There is no clinical documentation of mechanism of injury. There were no clinical records submitted from the requesting provider. All medical information was obtained from prior peer review dated 10/22/13. (Per the peer review notes) Office visit dated 10/15/13 injured worker had complaints of neck pain, upper extremities despite medications and physical therapy. Physical examination showed tenderness to light touch over the shoulders, both anteriorly and posteriorly. There was tenderness over the extensor tendons in the right forearm. There was positive Tinel over bilateral wrists, positive Phalen, and pressure tests radiating to the index and middle fingers bilaterally. Cervical range of motion was 50% of normal. Diagnosis were cervical brachial syndrome with a with multiple tender points in the peripheral and shoulder areas, shoulder impingement, bilaterally, cervical degeneration strain, cervical radiculitis, bilateral carpal tunnel syndrome, and extensor tendinitis. The injured worker received an injection at this visit. The plan was for physical therapy, cervical magnetic resonance image and updated electromyogram. Electromyogram dated 07/31/12 of the upper extremities revealed bilateral median nerve blocks at the wrists consistent with moderate carpal tunnel syndrome and peripheral sensory neuropathies. Prior utilization review dated 10/22/13 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT ELECTROMYOGRAM (EMG) OF THE BILATERAL EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (CTS) Electrodiagnostic studies (EDS).

Decision rationale: The request for repeat electromyogram (EMG) of the bilateral upper extremities is not medically necessary. There is no documentation submitted to support the request for repeat EMG of bilateral upper extremities. (There was no clinical records submitted by the requesting provider). As such medical necessity has not been established.

REPEAT NERVE CONDUCTION STUDY OF THE BILATERAL EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (CTS) Electrodiagnostic studies (EDS).

Decision rationale: The request for nerve conduction study of bilateral upper extremities is not medically necessary. There is no documentation submitted to support the request for repeat electromyogram of bilateral upper extremities. (There was no clinical records submitted by the requesting provider). As such medical necessity has not been established.

4 ADDITIONAL SESSIONS OF CONTINUED OCCUPATIONAL THERAPY, IN TREATMENT OF THE BILATERAL WRISTS, FOR A TOTAL OF 8 SESSIONS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome (CTS) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical medicine treatment.

Decision rationale: The request for additional sessions of continued occupational therapy, in treatment of the bilateral wrists, for a total of 8 visits is not medically necessary. There is no documentation submitted to support the request for additional sessions of occupational therapy. (There was no clinical records submitted by the requesting provider). As such medical necessity has not been established.