

<b>Case Number:</b>	CM13-0060513		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/17/2011
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Internal Medicine and Pulmonary Diseases, 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. 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 54-year-old female with a date of injury of 4/17/11. The patient was working as a seasonal clerk when she started developing pain in her hand. The patient attributed some of her symptoms with being moved to a busier section. The patient was seen on 11/21/13 with complaints of pain to the right elbow, forearm, and wrist. The patient notes that she is still not working and is feeling about the same. The pain to the right elbow was a 6/10, worse with lifting and carrying. The right forearm pain is sharp, occasionally at a 7-8/10, and it occurs 2-3 times a week for a few hours. The right wrist pain is sharp and constant at an 8/10. All three of these pain areas worsen with housework and chores, and improve with methadone, ice, and a TENS unit. Objective findings include sensation intact, positive right Tinel's, and a negative Phalen's. The patient was diagnosed with lateral epicondylitis, forearm tendonitis, and wrist tendonitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for eight sessions of occupational therapy:** Upheld

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

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

**Decision rationale:** The California Guidelines do recommend physical therapy/occupational therapy for myalgia and myositis at 9 to 10 visits over 8 weeks. Neuralgia, neuritis and radiculitis allow for 8 to 10 visits over 4 weeks. The clinical information provided failed to provide evidence of objective deficits to support therapy. Therefore, the request is non-certified.

**The request for EMG of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The California MTUS/ACOEM guidelines state that EMG is not recommended for ligament/tendon strain, tendonitis/tenosynovitis, DeQuervain's tendonitis, trigger finger, ganglion, and infection. EMG is recommended for carpal tunnel syndrome; however, the documentation provided does not show a diagnosis for carpal tunnel syndrome nor objective findings that support such a diagnosis. Therefore, the request is non-certified.

**The request for NCS of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The California MTUS/ACOEM guidelines state that NCS is not recommended for ligament/tendon strain, tendonitis/tenosynovitis, DeQuervain's tendonitis, trigger finger, ganglion, and infection. EMG is recommended for carpal tunnel syndrome; however, the documentation provided does not show a diagnosis for carpal tunnel syndrome nor objective findings that support such a diagnosis. Therefore, the request is non-certified.