

Case Number:	CM13-0065281		
Date Assigned:	05/16/2014	Date of Injury:	02/01/2013
Decision Date:	07/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational Medicine 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 45-year-old female who has filed a claim for cervical myofascial syndrome and left wrist sprain/contusion associated with an industrial injury date of February 01, 2013. Review of progress notes reports left hand numbness and pain; and neck pain radiating to the left shoulder, to the back to the level of T10, and to the left hand. There is difficulty finding a comfortable sleeping position. Findings include cervical region tenderness, with radiation into the shoulder and the upper parascapular region. Regarding the left hand, findings include positive Tinel's and Phalen's signs. The treatment to date has included Tylenol, non-steroidal anti-inflammatory drugs (NSAIDs), gabapentin, opioids, Soma, physical therapy, home exercises, and chiropractic therapy. Utilization review from November 27, 2013 denied the request for physical therapy or chiropractic therapy times eighteen (18), as there is no documentation of success from previous physical and chiropractic therapy; and MRI of the left hand/wrist as patient presents with symptoms suggestive of carpal tunnel syndrome, and not of osseous and soft tissue pathology. There was a modified certification for electromyography/nerve conduction study (EMG/NCS) of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY OR CHIROPRACTIC THERAPY QTY: 18.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation; Physical Medicine Page(s): 58, 98, 99.

Decision rationale: The Chronic Pain Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment of the treatment plan based upon the patient's progress, and monitoring from the treating physician regarding progress and continued benefit of treatment. The guidelines indicate that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, a trial of six (6) visits is recommended, and with evidence of objective functional improvement, a total of up to eighteen (18) visits are supported. This patient has had twenty-eight (28) physical therapy and six (6) chiropractic therapy sessions. There is no documentation regarding objective functional improvements derived from these sessions. Also, the request does not indicate the body part to be treated. Therefore, the request for physical therapy or chiropractic therapy times eighteen (18) sessions is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF THE RIGHT UPPER EXTREMITY QTY: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the criteria for electromyography/nerve conduction velocity (EMG/NCV) of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. There is no documentation regarding symptoms or deficits of the right upper extremity. Therefore, the request for electromyography (EMG) of the right upper extremity is not medically necessary.

MRI OF THE LEFT HAND/WRIST QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Procedure Summary, Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand chapter, MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate that the criteria for an MRI include acute hand or wrist trauma, suspicious of acute distal radius fracture, scaphoid fracture; and chronic wrist pain suspicious of soft tissue tumor with normal plain films. In this case, the patient presents with neuropathic symptoms of the left hand/wrist that supports a diagnosis of carpal tunnel syndrome. An MRI is not indicated for diagnosis of this condition. Therefore, the request for an MRI of the left hand/wrist is not medically necessary.

**NERVE CONDUCTION STUDY (NCS) OF THE RIGHT UPPER EXTREMITY QTY:
1.00:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the criteria for electromyography/nerve conduction velocity (EMG/NCV) of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. There is no documentation regarding symptoms or deficits of the right upper extremity. There is no compelling rationale for this diagnostic procedure. Therefore, the request for nerve conduction study (NCS) of the right upper extremity is not medically necessary.