

Case Number:	CM13-0067832		
Date Assigned:	01/03/2014	Date of Injury:	08/29/2012
Decision Date:	04/15/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 28 -year-old right hand dominant female works as a data entry clerk. She developed pain, numbness, and tingling in the right hand and wrist on 11/16/10 as a result of industrial-related cumulated trauma while performing her data entry. Later, she developed increasing pain about the right elbow and right shoulder. She was laid off from her work in 11/12. Plain radiographs of the right wrist are unremarkable. The documentation indicates she had 6 physical therapy visits for her wrist. This is a review for the medical necessity of the request for 12 physical therapy visits and also an EMG and NCV of the bilateral upper extremities (between 11/27/13 and 1/11/14). There is a document dated 10/4/14 which asks for results of EMG/NCV studies, bilateral upper extremities, which according to the note have already been performed. An 11/11/13 primary treating physician progress report states that the patient is a right hand dominant female with a history of carpal tunnel syndrome of the right hand. She was treated with cortisone injection at her last visit. She has had some improvement, but she is developing increasing symptoms about the right elbow with pain and paresthesia, consistent with cubital tunnel syndrome, and pain about the right shoulder, consistent with rotator cuff tendinitis. The note states that the right elbow and right shoulder disorders are the result of compensation from the right hand. Authorization is requested for evaluation and treatment of the right elbow and right shoulder. The physical exam on this date reveals that the right hand has a positive Phalen and Tinel signs. Diminished sensation is present in the index and middle finger. The treatment plan includes: A request for EMG/NCV studies, bilateral upper extremities; a right wrist brace; Anaprox for inflammation and swelling, Protonix and Norco. There is a request for PT 3x per week for 4 weeks right hand and a request to treat the right elbow and shoulder. The medications dispensed include Anaprox for inflammation and swelling,

Protonix for relief of stomach upset, and Norco 10-325 mg #120 1 po q6-8h pm pain. There is a request for physical therapy, 3x Week x 4 weeks, right hand. There is a request authorization to treat the right elbow and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Electromyography and Nerve Conduction Velocity Studies of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 178; 14 and 34.

Decision rationale: 1 electromyography and nerve conduction study bilateral upper extremities is not medically necessary according to the MTUS guidelines. There are no complaints or documented findings in the left upper extremity to warrant electrodiagnostic testing on this limb. The documented physical exam findings do not reveal findings suggestive of an ulnar neuropathy or cervical radiculopathy that would require nerve conduction testing/EMG testing at this time. The ACOEM elbow chapter indicates that an electromyography (EMG) study can be considered if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks. There is no documentation indicating that cervical radiculopathy may be suspected. Additionally, the ACOEM elbow chapter indicates that a nerve conduction study and possibly EMG can be performed if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. There is no documentation that the employee has had elbow and shoulder symptoms for at least 6 weeks or has symptoms consistent with ulnar neuropathy on physical exam. The documentation states that the employee has already had a prior electrodiagnostic study which revealed right carpal tunnel syndrome. Therefore, one electromyography and nerve conduction study of the bilateral upper extremities is not medically necessary.

Twelve (12) Physical Therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Twelve (12) physical therapy sessions is not medically necessary as written. The employee has already had 6 sessions for right hand carpal tunnel syndrome. The ODG guidelines indicate that there is limited evidence for PT/OT of the hand for carpal tunnel

syndrome and recommend 1-3 possible visits for this. The employee now has right elbow and right shoulder pain and there is a request to treat these parts in therapy as well. The MTUS guidelines recommend up to 10 visits for this condition. The request for 12 more PT sessions would exceed the guideline recommendations and is not medically necessary.