

Case Number:	CM14-0003171		
Date Assigned:	01/31/2014	Date of Injury:	10/10/2013
Decision Date:	06/11/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/09/2014

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 and is licensed to practice in Illinois. 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 43 year old female who reported an injury on 10/10/2013. The mechanism of injury was reported as lifting a 15+ pound carton from the floor. Per the 11/14/2013 clinical note, the injured worker reported radiating right wrist/hand pain rated at 3-4/10 with numbness and tingling in her elbow, forearm, wrist, and hand affecting the third and fourth digits. Examination of the right elbow ranged of motion revealed 140 degrees of flexion, 0 degrees of extension, and 60 degrees of supination and pronation. The injured worker had a positive Cozen's test to the right elbow. Examination of the right wrist included tenderness to palpation, positive Finkelstein's test, and negative Tinel's and Phalen's tests. Range of motion of the right wrist was noted at 40 degrees of flexion and extension, 20 degrees of radial deviation, and 30 degrees of ulnar deviation. The injured worker's diagnoses included rule out right wrist carpal tunnel syndrome, right wrist tendinitis, and right arm overuse syndrome. Treatment to date included medications and six sessions of occupational therapy. The request for authorization form for an EMG and NCV of the left upper extremity and physical therapy for the right wrist was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/>; Hand and Wrist; Table 2, Summary of Recommendations, Hand and Wrist Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electromyography (EMG).

Decision rationale: Regarding detection of neurologic abnormalities, ACOEM states routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not recommended. The Official Disability Guidelines recommend electromyography only in cases where diagnosis is difficult with nerve conduction studies. The medical records provided do not indicate any significant radicular pain or neurological deficits are present in the left extremity to warrant an EMG. The injured worker's subjective complaints and physical exam findings focus solely on the right wrist/hand. The medical necessity for an EMG of the left upper extremity was not established. As such, the request is not medically necessary.

NCV OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/>; Hand And Wrist; Table 2, Summary of Recommendations, Hand and Wrist Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: Regarding detection of neurologic abnormalities, ACOEM recommends NCV for median or ulnar impingement at the wrist after failure of conservative treatment. The medical records provided indicate the injured worker was experiencing numbness and tingling in her right elbow, forearm, wrist, and hand affecting the third and fourth digits. There is no indication the injured worker was experiencing any significant symptoms in the left upper extremity. The injured worker's subjective complaints and physical exam findings focus solely on the right wrist/hand. The medical necessity for an NCV of the left upper extremity was not established. As such, the request is not medically necessary.

12 ADDITIONAL PHYSICAL THERAPY FOR THE RIGHT HAND/WRIST 2X6:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/>; Hand And Wrist; Table 2, Summary of Recommendations, Hand and Wrist Disorders.

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

Decision rationale: The CA MTUS guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis with the fading of treatment frequency, plus active self-directed home physical medicine. Physical exam findings noted decreased range of motion in the right elbow and wrist and decreased grip strength. There is no evidence the injured worker was utilizing a home exercise program. The medical records provided indicate the injured worker has completed 6 sessions of occupational therapy which provided "some" benefit. There is a lack of documentation regarding quantifiable functional improvement and pain relief to evaluate the efficacy of the initial therapy. The medical necessity for additional therapy was not established. In addition, the request for 12 sessions exceeds guideline recommendations. As such, the request is not medically necessary.