

Case Number:	CM14-0007953		
Date Assigned:	02/07/2014	Date of Injury:	09/23/2013
Decision Date:	07/02/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 28-year-old female who has submitted a claim for bilateral carpal tunnel syndrome and tendinitis both wrists associated with an industrial injury date of September 23, 2013. Medical records from 2013 were reviewed. The patient complained of bilateral forearm and wrist pain with numbness on both hands. Pain was associated with occasional radiation to upper body and above the shoulders. Physical examination showed tenderness over the volar aspect and positive Tinel's sign on the right wrist. Treatment to date has included NSAIDs and physical therapy sessions. Utilization review from December 20, 2013 denied the request for EMG/NCV of bilateral upper extremities because of insufficient clinical data and an EMG is rarely necessary for carpal tunnel syndrome. The request for physical therapy 2x6 week for both wrists was denied due to lack of reports regarding prior physical therapy benefits and home exercise programs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 265.

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

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy, with noted improvement after physical therapy. Current complaints are residual pain on both wrists and tingling on the right hand. However, symptoms and physical examination findings of possible nerve entrapment is limited to the right upper extremity. There is insufficient clinical evidence of nerve entrapment in the left upper extremity; hence, EMG is not warranted. Therefore, the request for Electromyography (EMG) bilateral upper extremities is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) STUDY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260, 265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

Decision rationale: The California MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy on the right upper extremity. There is no comprehensive neurologic examination available. The current request likewise failed to indicate the laterality to be tested. Therefore, the request for Nerve Conduction Velocity (NCV) Study is not medically necessary.

PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS, BOTH WRISTS:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical/Occupational Therapy.

Decision rationale: The Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment.

ODG recommends 1-3 physical therapy visits over 3-5 weeks as medical treatment in cases of carpal tunnel syndrome. In this case, there were reports of previous physical therapy sessions. Progress notes from October 21, 2013 reported improvement in both wrists. However, the noted improvement was not clearly attributed to physical therapy as the patient was also on NSAIDs. Medical records reviewed lack information regarding the total number of physical therapy sessions completed, functional gains from physical therapy, patient compliance, and home exercise programs done. Therefore, the request for physical therapy two times a week for 6 weeks, both wrists is not medically necessary.