

<b>Case Number:</b>	CM14-0102016		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Pain Medicine, and is licensed to practice in California and Washington. 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 46-year-old female who reported an injury on 10/21/2013. The mechanism of injury occurred due to repetitive movements. Her diagnoses included cervical intervertebral disc degeneration, bilateral carpal tunnel syndrome, De Quervain's tenosynovitis, and lateral epicondylitis. The injured worker's past treatments included chiropractic therapy, occupational therapy, physical therapy, a home exercise program, and medications. Her diagnostic exams included an x-ray of the bilateral wrists, bilateral shoulders, and cervical spine, along with a nerve conduction study performed on 12/13/2013. The injured worker's surgical history was not clearly indicated in the clinical notes. On 08/18/2014, the injured worker complained of neck and arm pain, which she rated 5-6/10. She indicated that the pain worsened with activities such as looking overhead, head extension, head rotation, use of arms, pushing, pulling, and repetitive lifting. She also stated that physical therapy was "helping for the most part". The physical examination revealed decreased range of motion to the cervical spine. The range of motion values included 34 degrees of flexion, 29 degrees of extension, right lateral bending 23 degrees, and hyper tonicity of the cervical paraspinal musculature. The physical examination also revealed a positive Tinel's and De Quervain's sign, with tenderness to palpation of the flexors and extensors. There was also decreased range of motion of the bilateral wrists, whose range of motion values included 43 degrees of right flexion, 54 degrees of left flexion, and 49 degrees of right extension. Hypoesthesia was also noted in the digits, especially the third, fourth, and fifth fingers bilaterally. The injured worker's medications were not clearly indicated in the clinical notes. The treatment plan consisted of 6 additional physical therapy visits, use of an electromyography study; previously authorized, and massage therapy for the upper back, neck, bilateral arms. A request was received for chiropractic therapy times 2 for the cervical spine, bilateral elbows, and wrists; massage therapy for upper back, neck, bilateral arms; and a

repeat electromyography of the upper extremities. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/20/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiro x2 for Cervical Spine, bilateral elbows/wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The California MTUS Guidelines recommend manual manipulation and therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Based on the clinical notes, the injured worker complained of neck and arm pain, with decreased range of motion to the cervical spine. She rated this pain 5-6/10 and indicated that it worsened with activities of daily living. The injured worker's diagnoses included bilateral carpal tunnel syndrome and De Quervain's tenosynovitis, and cervical intervertebral disc degeneration. The guidelines indicate that manual therapy for the elbow and bilateral wrists is not recommended. Therefore, the request for the indications of chiropractic therapy to the bilateral elbows and wrists would not be supported by the guidelines. Additionally, the guidelines do not have any evidence based studies that allow for the manual treatment of the cervical spine. Also, the clinical notes indicated that the injured worker received chiropractic therapy to the neck, back, and arms, but did not included a number of visits. The guidelines recommend manual therapy 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition, and treatment may continue at 1 treatment per week for the next 6 weeks when there is evidence of objective improvement in function. Therefore, due to a lack of documentation indicating the number of previous chiropractic visits and the lack of support from the guidelines for the indicated body parts, the request is not supported. Thus, the request is not medically necessary.

**Massage Therapy for Upper Back, Neck, Bilateral Arms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** The California MTUS Guidelines recommend massage therapy as an option to diffuse musculoskeletal symptoms, but beneficial effects are registered only during treatment.

Massage treatments should be an adjunct to other recommended treatments such as exercise, and should be limited to 4 to 6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. Based on the clinical notes, the injured worker complained of neck and arm pain, which she rated 5-6/10. She also had diagnosis of cervical intervertebral disc degeneration with bilateral carpal tunnel syndrome. The clinical notes indicated that the massage therapy was performed to the neck, back, and arms. It is unclear, however, what the efficacy of this massage therapy was. Therefore, due to the use of massage therapy in the past in excess of 8 visits and lack of documentation indicating the results of these treatments, the request for additional therapy is not supported. Thus, the request is not medically necessary.

**Repeat EMG/NCV of UE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 58-59.

**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, & Hand, Electrodiagnostic studies

**Decision rationale:** The Official Disability Guidelines recommend an electro diagnostic study for localized neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Electromyography and Nerve conduction studies are surface studies that should not necessarily be done together. The criteria for electronic diagnostic testing concludes that electronic diagnostic testing should be medically necessary and testing should be performed on equipment that assesses all 4 areas of the recorded signals. The number of tests should be minimal in the need to establish an accurate diagnosis. Based on the clinical notes, the injured worker complained of neck and arm pain which worsened with activities of daily living. She rated this pain as 5-6/10 on the pain scale. The clinical notes also indicated that the injured worker was already preauthorized for an electronic diagnostic study performed 2 weeks from the date of 08/18/2014. The additional request for more electronic studies is not warranted, as the first study has not had time to reveal any significant results. Additionally, it is unclear if the injured worker had signs and symptoms that warranted the use of electro diagnostic studies outside of the 1 that she previously received in 2013, which revealed normal studies. Therefore, due to a lack of documentation indicating the need for a subsequent nerve conduction studies secondary to the one performed 2 weeks from 08/18/2014, the request is not supported. Thus, the request is not medically necessary.