

<b>Case Number:</b>	CM14-0102960		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Chiropractic and is licensed to practice 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:

According to the available medical records, this is a 43-year-old female patient with chronic neck pain, left upper extremity pain with paresthesias, and low back pain, date of injury is 06/10/2013. Previous treatments include medications, night splints for the left hand; there are no other treatment records available. There is a consultation report for the hand on 08/05/2014 revealed the patient with a fall injury on 06/10/2013, she subsequently developed swelling in her hand and developed paresthesias in the median nerve distribution as well as locking and triggering of the left thumb. The exam focused on the bilateral upper extremities only, which revealed positive Tinel, positive Phalen, and positive compression on the left side with no thumb abductor atrophy, tenderness over the A1 pulley of the thumb with as palpable nodule and active locking and triggering. Diagnoses include left carpal tunnel syndrome and left thumb stenosing tenosynovitis. The patient continued to work on full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of BUE/BLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 261, 269; 377; 347.

**Decision rationale:** While ACOEM guideline might recommend EMG to differentiate CTS and cervical radiculitis, it does not recommend EMG/NCV for the lower extremities. There is no evidence that the patient is suffering from cervical radiculitis or any other lower extremity pain and injury. Therefore, the request for EMG/NCV for Bilateral Upper Extremities and Bilateral Lower Extremities is not medically necessary.

**Physical Therapy x6 Sessions and Chiropractic Treatments x8 Sessions for Lumbar and Cervical Spines:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Chronic Pain Page(s): 98-99, 58-59.

**Decision rationale:** The available medical records indicated that the patient has had some therapy previously. However, the type of therapy and the number of visits the patient has had is not known. The request for physical therapy 6 xs also did not specify what types of therapy modalities, what body part being treated, and any goals of treatments. Based on the guidelines cited, the request for 6 visits of physical therapy is not medically necessary. There is no medical records shows this patient had chiropractic treatment before and CA MTUS guidelines do recommended a trial 6 visits over 2 weeks, with evidences of objective functional improvement, totaled up to 18 visits over 6-8 weeks. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. However, there is no documentation of functional deficits, the patient continued to work on full duties, and the request for 8 visits exceeded the guideline recommendation; and therefore, not medically necessary.

**Lower Back Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The patient presents with chronic neck and back pain that is more than 1 years ago. While lumbar support have not been shown to have any lasting benefit beyond the acute phase of symptom relief, the patient symptoms is beyond symptom relief phase. Therefore, lower back braces for this patient is not medically necessary.