

<b>Case Number:</b>	CM14-0010197		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Orthopedic Surgery and is licensed to practice in Oklahoma, Texas, California and Tennessee. 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 48-year-old female who sustained an injury to her left upper extremity on 12/14/10. The mechanism of injury was not documented. The records indicate that the injured worker is status post left carpal total release, de Quervain's release, left triangular fibrocartilage complex (TFCC) repair and open distal radioulnar joint repair. The treatment to date has included occupational therapy, medications including anti-inflammatories, corticosteroid injections and other unspecified treatment interventions. The prior utilization review denied request for nerve conduction (NCV) study and occupational therapy were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **NERVE CONDUCTION STUDY OF LEFT UPPER EXTREMITY,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 598.

**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 request for nerve conduction study (NCV) of the left upper extremity is not medically necessary. The previous request was denied on the basis that there was no

documentation of previous failure of conservative treatment including occupational/physical therapy to the left elbow before electrodiagnostic studies are undertaken for consideration of more invasive treatments such as surgical intervention. The Official Disability Guidelines (ODG) states that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by electrodiagnostic (EMG) studies and obvious clinical signs. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Given the clinical documentation submitted for review, medical necessity of the request for nerve conduction study of the left upper extremity has not been established.

**OCCUPATIONAL THERAPY , TWICE A WEEK FOR 6 WEEKS, LEFT UPPER EXTREMITY ATY 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** The request for occupational therapy, twice a week for six weeks for the left upper extremity is not medically necessary. The previous request was denied on the basis that a comprehensive description of treatment to date including the dates of surgery, the number of post operative physical therapy visits completed to date and the patient's functional response to previous physical medicine had not been provided. The California Medical Treatment Utilization Schedule (CAMTUS) guidelines state that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Given the clinical documentation submitted for review, medical necessity of the request for occupational therapy, twice a week for six weeks for the left upper extremity has not been established.