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| Case Number: | CM14-0010789 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 07/16/2012 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in 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 patient is a 43-year-old female who has submitted a claim for cervical spine sprain, status post right carpal tunnel release with residuals, and bilateral shoulder impingement syndrome associated with an industrial injury date of July 16, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic neck pain with radiation to bilateral arms. Pain was accompanied by numbness and tingling on bilateral hands. Physical examination showed tenderness over the anterior right elbow, hands, and wrist; positive Neer's and Hawkin's tests; Jamar on the right (dominant) was 8/6/4, on the left 12/10/8; and negative provocative tests on bilateral wrists. Treatment to date has included NSAIDs, topical analgesics, muscle relaxants, splints, chiropractic sessions, physical therapy, acupuncture, steroid injections, and right carpal tunnel release (4/27/13). Utilization review from January 3, 2014 denied the request for occupational therapy three times a week for 6 weeks for bilateral hands/wrists due to lack of functional gains from previous physical therapy sessions and lack of functional deficits noted that would require supervised therapy. The request for EMG/NCV of bilateral upper extremities was denied because the medical records did not provide documentation of worsening of symptoms or a rationale that an additional testing would be needed after only 5 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY THREE TIMES A WEEK FOR 6 WEEKS FOR BILATERAL HANDS/WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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, AND HAND CHAPTER; PHYSICAL/OCCUPATIONAL THERAPY.

Decision rationale: Pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stresses 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 is paramount. In addition, ODG recommends a total of 8 physical therapy visits post-operatively in cases of carpal tunnel syndrome. In this case, the patient noted improvement after completion of more than 8 sessions of physical therapy. However, functional gains from previous physical therapy sessions were not documented. In addition, recent progress notes do not show functional deficits/impairments. Physical examination of bilateral wrists does not show limitation of motion that would require supervised therapy. Therefore, the request for occupational therapy three times a week for 6 weeks for bilateral hands/wrists is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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. The patient has focal neurologic deficit. However, physical examination findings are not consistent with radiculopathy. In addition, an EMG was done last July 10, 2013 showing bilateral ulnar entrapment at the elbow. Medical records do not show significant findings or progression of symptoms to warrant a repeat EMG. Therefore, the request for electromyography (EMG) of bilateral upper extremities is not medically necessary.

NERVE CONDUCTION VELOCITIES (NCV) OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 CA 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 it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible persistent neuropathy. The patient has focal neurologic deficit. However, an EMG was done last July 10, 2013 showing bilateral ulnar entrapment at the elbow. In addition, the patient underwent right carpal tunnel release. Medical records do not show significant findings or progression of symptoms to warrant a repeat NCV. Therefore, the request for nerve conduction velocities (NCV) of bilateral upper extremities is not medically necessary.