

<b>Case Number:</b>	CM14-0012914		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	05/18/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 34-year-old female who has filed a claim for left carpal and cubital tunnel syndrome associated with an industrial injury date of May 18, 2013. The review of progress notes indicates numbness and tingling to the hands, left more than right; left elbow pain going to the wrist; and left-sided neck pain and shoulder pain. Findings include weak grip strength bilaterally; positive Tinel's bilaterally, more on the left; tenderness of the left elbow at the ulnar groove with positive Tinel's; tenderness and spasm to the left trapezius; and painful range of motion of the cervical spine. Treatment to date has included physical therapy and NSAIDs. Reasons for denial were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAM (EMG): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Electromyography (EMG).

**Decision rationale:** The CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The ODG states that electromyography findings may not be predictive of surgical outcome and cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. An EMG may be helpful for patients with double crush phenomenon, possible metabolic pathology such as with diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. This patient had a previous EMG/NCV, the results of which were not mentioned or submitted. There is no documentation of failure of conservative therapy as this patient has only had treatment with NSAID and an initial course of physical therapy. Also, the request does not specify the extremities to be tested. Therefore, the request for electromyogram (EMG) was not medically necessary.

**NERVE CONDUCTION VELOCITY (NVC):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Nerve conduction studies (NCS).

**Decision rationale:** The CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The ODG states that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when symptoms are presumed to be due to radiculopathy. This patient had a previous EMG/NCV, the results of which were not mentioned or submitted. There is no documentation of failure of conservative therapy as this patient has only had treatment with NSAID and an initial course of physical therapy. Also, the request does not specify the extremities to be tested. Therefore, the request for nerve conduction velocity (NCV) was not medically necessary.

**4 PHYSICAL THERAPY:** Upheld

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

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

**Decision rationale:** Pages 98-99 of the CA MTUS 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. This patient has had 6 previous physical therapy sessions with minimal improvement. However, the body part to which the requested sessions are directed to is not indicated. Additional information is necessary to support this request. Therefore, the request for 4 physical therapy was not medically necessary.

**TRANSPORTATION FOR ALL MEDICAL APPOINTMENTS WITH DOCTORS AND PHYSICAL THERAPY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation (To and From Appointments).

**Decision rationale:** The CA MTUS does not specifically address transportation. 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. The ODG states that transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. There is no documentation of physical disabilities preventing the patient from taking public transportation. Therefore, the request for transportation fro all medical appointments with doctors and physical therapy was not medically necessary.