

<b>Case Number:</b>	CM14-0014358		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 38 year-old with a date of injury of 08/27/12. A progress report associated with the request for services, dated 12/23/13, identified subjective complaints of bilateral wrist pain. Objective findings included bilateral wrist tenderness. No other physical examination was mentioned. An EMG and nerve conduction study was performed on 03/23/13 and was normal. Also, an EMG was done in 12/12. Diagnoses were not listed, but have included bilateral carpal tunnel syndrome. Consultation with a hand surgeon on 09/17/13 did reveal some physical findings consistent with a right carpal tunnel syndrome. A 12/12/13 exam revealed a positive Phalen's sign on the right side; negative on the left. Treatment has included acupuncture, NSAIDs, oral and topical analgesics. There have been 19 sessions of physical therapy. A Utilization Review determination was rendered on 01/29/14 recommending non-certification of "additional chiro for bilateral hands 2x4; EMG BLE; NCV BLE; and PT for bilateral hands

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL CHIRO FOR BILATERAL HANDS 2X4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-60

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION TOPIC, 58-60

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) recommends manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they recommend a trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of up to 18 visits over 6-8 weeks are recommended. Manual manipulation is not recommended for peripheral joints; specifically the ankle & foot, carpal tunnel, forearm, wrist & hand, and knee. In this case, there is no documentation of prior functional improvement. Likewise, the therapy is not recommended for the wrist. Therefore, there is no documented medical necessity for additional chiropractic therapy.

**EMG BLUE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, NECK AND UPPER BACK COMPLAINTS, ELECTROMYOGRAPHY (EMG), 177-179

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 11, 260-262

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) portion of the Medical Treatment Utilization Schedule (MTUS) notes that carpal tunnel syndrome (CTS) most often produces digital numbing but not hand or wrist pain. The study of choice is a nerve conduction study (NCS), with electromyography (EMG) only in more difficult cases. The MTUS Chronic Pain Guidelines are silent related to neurodiagnostic testing for carpal tunnel syndrome. In this case, an NCS is the test of choice and an EMG done 9 months prior for similar symptoms was normal. Therefore, there is no documentation for the medical necessity of a bilateral EMG of the upper extremities.

**NCV BLUE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, NECK AND UPPER BACK COMPLAINTS, NERVE CONDUCTION VELOCITIES (NCV), 177-179

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 11, 260-262

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) portion of the Medical Treatment Utilization Schedule (MTUS) notes that carpal tunnel syndrome (CTS) most often produces digital numbing but not hand or wrist pain. They note that a nerve conduction study (NCS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. They also note that the studies may be normal in early or mild cases of CTS. Tests may be repeated later in the course of treatment if symptoms persist. Electromyograms (EMG) are only recommended in more difficult cases. The MTUS Chronic Pain Guidelines are silent related to neurodiagnostic testing for carpal tunnel syndrome (CTS) and other entrapment syndromes of the distal extremity. In this case, a nerve conduction velocity was done 9 months prior for similar symptoms and was normal. However, symptoms with some physical findings persist. The non-certification was based upon a normal electrodiagnostic study in 03/13 as well as lack of documentation of physical findings to support a carpal tunnel syndrome. However, positive physical findings were identified. Also, based upon the above recommendations for repeat, there is documentation for the medical necessity of a bilateral NCV of the upper extremities.

**PT FOR BILATERAL HANDS 2X4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 99

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) portion of the Medical Treatment Utilization Schedule (MTUS) notes that carpal tunnel syndrome (CTS) most often produces digital numbing but not hand or wrist pain. They note that a nerve conduction study (NCS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. They also note that the studies may be normal in early or mild cases of CTS. Tests may be repeated later in the course of treatment if symptoms persist. Electromyograms (EMG) are only recommended in more difficult cases. The MTUS Chronic Pain Guidelines are silent related to neurodiagnostic testing for carpal tunnel syndrome (CTS) and other entrapment syndromes of the distal extremity. In this case, a nerve conduction velocity was done 9 months prior for similar symptoms and was normal. However, symptoms with some physical findings persist. The non-certification was based upon a normal electrodiagnostic study in 03/13 as well as lack of documentation of physical findings to support a carpal tunnel syndrome. However, positive physical findings were identified. Also, based upon the above recommendations for repeat, there is documentation for the medical necessity of a bilateral NCV of the upper extremities.