

Case Number:	CM14-0014702		
Date Assigned:	06/06/2014	Date of Injury:	10/02/2013
Decision Date:	07/14/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/05/2014

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 Family Medicine and is licensed to practice in Arizona. 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 29-year-old female with a date of injury on 10/2/2013. The diagnoses include bilateral carpal tunnel syndrome, cervical strain, bilateral shoulder strain, and bilateral wrist strain/sprain. The subjective complaints are right hand pain and weakness worse with using mouse. Also complains of neck pain and bilateral shoulder pain. Physical exam shows bilateral trapezius myospasm and neck tenderness. There is decreased range of motion in the neck, shoulders, and wrist. There are no hand deformities, no motor or sensory dysfunction, and negative Finkelstein and Tinel's signs. Prior treatments have included non-steroidal anti-inflammatory drugs (NSAIDs), Flexeril, and six sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT/CMT X 12 SESSIONS FOR BILATERAL UPPER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION. Decision based on Non-MTUS Citation Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), pgs. 265-268, Neck and Upper Back Complaints Chapter (Chapter 8), pgs. 173-177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpel Tunnel, Shoulder Physical Medicine.

Decision rationale: The Official Disability Guidelines (ODG) suggests to allow for fading of treatment frequency, plus active self-directed home physical therapy (PT). Physical therapy for carpal tunnel syndrome is recommended for 1-3 sessions over 3-5 weeks. For shoulder sprains, 10 visits over 8 weeks are recommended. For this patient, six (6) prior physical therapy sessions had been approved. An additional 12 sessions of physical therapy would exceed guideline recommendations, and is not medically necessary.

EMG BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 182, 213, 261, 269. Decision based on Non-MTUS Citation Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pgs. 179, 182, and Shoulder Complaints Chapter (Chapter 9), pg. 213, and Forearm, Wrist, and Hand Complaints Chapter (), Chapter 11), pgs. 261, 269.

Decision rationale: The ACOEM guidelines suggest electromyography (EMG) as a means of detecting physiologic insult in the upper back and neck. EMG/NCS (nerve conduction study) can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints, the ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints, EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective evidence demonstrates the possibility of nerve root involvement versus carpal tunnel syndrome. Further clarification of symptom etiology could be shown by an EMG. Therefore, the request for an upper extremity EMG is medically necessary.

NCV BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179,182,213,261,269. Decision based on Non-MTUS Citation Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pgs. 179, 182, and Shoulder Complaints Chapter (Chapter 9), pg. 213, and Forearm, Wrist, and Hand Complaints Chapter (), Chapter 11), pgs. 261, 269.

Decision rationale: The ACOEM guidelines suggest NCS (nerve conduction study) as a means of detecting physiologic insult in the upper back and neck. Electromyography (EMG)/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints, the ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints, EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective evidence demonstrates the possibility of nerve root involvement versus carpal tunnel syndrome. Further clarification of symptom etiology could be shown by an NCS. Therefore, the request for an upper extremity NCS is medically necessary.