

Case Number:	CM14-0134082		
Date Assigned:	08/25/2014	Date of Injury:	06/16/2003
Decision Date:	09/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation 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 43-year-old female with a date of injury of 06/16/2013. The listed diagnoses per [REDACTED] are: 1. Tennis elbow. 2. Impingement. 3. Tenosynovitis/synovitis. According to progress report 07/15/2014, the patient presents with continued upper extremity complaints. In addition to generalized paresthesia, the patient lacks strength in the bilateral upper extremities. Examination revealed full range of motion in the cervical spine without radicular pain, but endpoint pain on lateral bend on the left side only. There is moderate to severe TTP at the trapezius and paracervicals, right greater than left. Trigger point palpation at right mildly, and range of motions in the shoulder, elbow, and wrist are guarded. Finkelstein's and Tinel's are negative. Treater is requesting physical therapy x6, EMG right upper extremity, EMG left upper extremity, NCS right upper extremity, and NCS left upper extremity. Utilization Review denied the request on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy QTY: 6: Upheld

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

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

Decision rationale: This patient presents with continued upper extremity complaints. The treater is requesting additional physical therapy 2 times a week for 3 weeks. Review of the medical file indicates the patient received a course of 12 sessions between 03/20/2014 and 06/11/2014. For physical medicine, the MTUS Guidelines pages 98 and 99 recommends, for myalgia-, myositis-type symptoms, 9 to 10 sessions. In this case, the treater does not discuss why the patient would not be able to transition into a self-directed home exercise program. Furthermore, the treater's request for 6 additional sessions with the 12 already received exceeds what is recommended by MTUS. Recommendation is for denial.

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: This patient presents with continued upper extremity complaints. The treater is requesting EMG of the right upper extremity. ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The medical file provided for review does not indicate the patient has had an electromyogram for the upper extremities. Given the patient's continued upper extremity pain, paresthasias and decrease in strength, an EMG for further investigation may be warranted. Recommendation is for approval.

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: This patient presents with continued upper extremity complaints. The treater is requesting EMG of the left upper extremity. This patient presents with continued upper extremity complaints. The treater is requesting EMG of the right upper extremity. ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The medical file provided for review does not indicate the patient has had an electromyogram for the upper extremities. Given the patient's continued upper extremity pain, paresthasias and decrease in strength, an EMG for further investigation may be warranted. Recommendation is for approval.

NCS right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) guidelines regarding NCV studies.

Decision rationale: This patient presents with continued upper extremity complaints. The treater is requesting NCS of the right upper extremity. ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines has the following regarding EDX (electrodiagnosis) and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." This patient has not had NCV testing for her upper extremity complaints. In this case, the patient continues with upper extremities symptoms. The requested bilaterally NCV testing is medically necessary and recommendation is for authorization.

NCS left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) guidelines regarding NCV studies.

Decision rationale: This patient presents with continued upper extremity complaints. The treater is requesting NCS of the left upper extremity. ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines have the following regarding EDX (electrodiagnosis) and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." This patient has not had NCV testing for her upper extremity complaints. In this case, the patient continues with upper extremities symptoms. The requested bilaterally NCV testing is medically necessary and recommendation is for authorization.