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| Case Number: | CM14-0134297 | | |
| Date Assigned: | 09/26/2014 | Date of Injury: | 09/24/2010 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 62 year old male with a work injury dated 9/24/10. The diagnoses include left elbow pain rule out ulnar canal syndrome s/p left ulnar transposition surgery on 11/14/11; left hand sprain/strain with weakness. Under consideration are requests for electromyography (EMG) to the bilateral upper extremities; nerve conduction studies (NCS) for the bilateral upper extremities; physical therapy for the left elbow, twice weekly for six weeks; acupuncture for the left elbow, twice weekly for three weeks; compound medication Gaba/Keto/Lido cream, 240 grams with one refill. There is a 6/19/14 handwritten progress note that states that the patient has 3/10 left upper extremity pain with numbness and tingling in digits 4, 5. The provider will order an EMG BUE to rule out ulnar nerve vs. carpal tunnel. PT and Acupuncture are pending scheduling. There has been no change in function since last visit. The provider requests bilateral upper extremity EMG/NCS as patient has left upper extremity pain, numbness/tingling/atrophy-rule in/out carpal tunnel syndrome vs. cubital tunnel syndrome. A topical cream and wrist brace were ordered as well. On exam the patient is well nourished, alert and walks with a shuffling gait without assistive device. In initial physical therapy evaluation on 04/03/14, the patient had a grip strength of 79 pounds on the right and 34 pounds on the left. He was also noted to have a lateral pinch of 21 pounds on the right and 9 pounds on the left. The patient had decreased active range of motion and 4/5 strength with left elbow flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) to the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261;33.

Decision rationale: Electromyography (EMG) to the bilateral upper extremities is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS (carpal tunnel syndrome) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include: electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks. Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. The documentation does not reveal objective physical exam findings that necessitate an EMG or nerve conduction study to evaluate for cervical radiculopathy, carpal tunnel syndrome or ulnar neuropathy. Additionally, the patient does not have symptoms in the right upper extremity therefore bilateral upper extremity electrodiagnostic studies are not necessary. The request for electromyography (EMG) to the bilateral upper extremities is not medically necessary.

Nerve conduction studies (NCS) for the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33, 261.

Decision rationale: Nerve conduction studies (NCS) of the bilateral upper extremities is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS (carpal tunnel syndrome) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients

improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include: electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks. Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. The documentation does not reveal objective physical exam findings that necessitate an EMG or nerve conduction study to evaluate for cervical radiculopathy, carpal tunnel syndrome or ulnar neuropathy. Additionally, the patient does not have symptoms in the right upper extremity therefore bilateral upper extremity electrodiagnostic studies are not necessary. The request for nerve conduction studies (NCS) to the bilateral upper extremities is not medically necessary.

Physical therapy for the left elbow, twice weekly for six weeks: Upheld

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

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

Decision rationale: Physical therapy for the left elbow, twice weekly for six weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient has had prior therapy but it is unclear how much therapy and the outcome. Without this information additional therapy cannot be recommended and the request for physical therapy for the left elbow, twice weekly for six weeks is not medically necessary.

Acupuncture for the left elbow, twice weekly for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture for the left elbow, twice weekly for three weeks is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The documentation indicates that the patient has had prior acupuncture. The guidelines state that the time to produce functional improvement is 3 to 6 treatments at a frequency of 1 to 3 times per week for 1 to 2 months. The guideline state that acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. The documentation indicates that the patient has had prior acupuncture but there is no evidence of functional improvement from these sessions. The request for acupuncture for the left elbow twice weekly for 3 weeks is not medically necessary.

Compound medication Gaba/Keto/Lido cream, 240 grams with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Compound medication Gaba/Keto/Lido cream, 240 grams with one refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain and off label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The MTUS does not support topical Gabapentin and states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not support compelling evidence to deviate from the MTUS recommendations against this compound medication therefore the request for compound medication Gaba/Keto/Lido cream, 240 grams with one refill is not medically necessary.