

Case Number:	CM14-0136649		
Date Assigned:	09/03/2014	Date of Injury:	07/19/1999
Decision Date:	10/08/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 51 year old female with a work injury dated 7/19/99. The diagnoses include lumbosacral Spondylosis without myelopathy, right wrist carpal tunnel release 2/24/14 and cervical post laminectomy syndrome. Under consideration is a request for 12 post op to the right wrist and Electromyography (EMG); Nerve conduction velocity studies (NCV) of the bilateral upper extremities (BUE). Per documentation on 07/14/14, the patient complains of pain at the right wrist, with radiculopathy. On physical examination of the right wrist, there was moderate swelling. There is a positive Tinel was positive. The thenar wasting was negative. The treatment request included postoperative occupational therapy (PT) and electromyogram and nerve conduction velocity (EMG and NCV). There is a primary treating physician report dated 7/28/14 that states that the patient comes in for a medication refill. Her VAS is 7-day Avg: 8/10. The treatment plan states that the patient is stable on current medication regimen and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses of medications. Pain agreement briefly reviewed with the patient. On 2/11/13 the patient was seen and electromyography and nerve conduction studies were obtained of the upper extremities. Abnormal conduction study was documented and findings are suggestive of severe bilateral carpal tunnel syndrome, right greater than left. There is also evidence of chronic active C6-C7 radiculopathy and surgical treatment is recommended for the carpal tunnel release of both hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-op OT right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel -physical medicine

Decision rationale: Twelve post-op occupational therapy right wrist is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The post surgical guidelines recommend 3-8 post op visits for either endoscopic or open carpal tunnel release. The documentation reveals that the patient is beyond the 3 month post operative period. The Chronic Pain Medical Treatment Guidelines recommend a fading of treatment frequency to an independent home program. The documentation is not clear on why the patient needs 12 post op supervised physical therapy visits. The Official Disability Guidelines (ODG) states that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome (CTS). The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 5 visits over 4 weeks after surgery. The documentation is not clear on how many prior PT visits the patient has had or the outcome. The request of 12 Post op occupational therapy visits for the right wrist is not medically necessary.

EMG/NCV BUE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Electromyography (EMG); Nerve conduction studies (NCS)

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

Decision rationale: Electromyography (EMG); Nerve conduction velocity studies (NCV) of the bilateral upper extremities (BUE) is not medically necessary per the American College of Occupational and Environmental Medicine (ACOEM) guidelines. The ACOEM also states that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Additionally electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation submitted reveals that the patient has had prior electrodiagnostic testing. The documentation is not clear on why the patient needs another EMG/NCV and how this would change the management of the patient. The request for EMG/NCV of the bilateral upper extremities is not medically necessary.

