

Case Number:	CM14-0150288		
Date Assigned:	09/18/2014	Date of Injury:	11/22/2013
Decision Date:	11/19/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 injured worker is a 61 year-old female who sustained industrial injuries on January 2, 2014. The injured worker presented to the treating physician on February 6, 2014 with complaints of pain in her back with numbness and tingling sensation in the soles of her feet and toes, pain in her shoulder that radiated to her upper back, and pain in her hands and wrists that radiated to her forearms and elbows with weakness, loss of grip, numbness and tingling sensation in her hands and fingers. An examination of the cervical spine revealed diminished sensation along the C7 nerve distribution bilaterally. Examination of the lumbar spine demonstrated restricted range of motion as well as tenderness and hypertonicity over the paraspinal muscles. An examination of her shoulders revealed limited ranges of motion, tenderness over the subacromial spine, positive bilateral Neer's and Hawkins impingement tests, decreased motor strength with left side flexion, right side abduction, and bilateral external rotation. An examination of the wrists showed limited ranges of motion and positive bilateral Phalen's test. The injured worker returned on March 20, 2014 with complaints of persistent pain in her shoulders, elbows and wrists with intensity of 8/10. She reported that she had attended five out of six sessions of physical therapy with no relief in her symptoms. An examination of the shoulders revealed limited range of motion, positive Neer's impingement, Hawkins impingement, and acromioclavicular joint tenderness, as well as motor weakness with bilateral flexion and abduction. An examination of her elbows showed tenderness over the medial epicondyle, positive cubital tunnel and Tinel, decreased sensation along the ulnar distribution, and decreased strength with flexion and extension. An examination of the wrists revealed decreased range of motion, positive Phalen's and Tinel's, diminished sensation over the medial and ulnar aspects, and reduced grip strength. In her follow-up visit on April 23, 2014, the injured worker rated the pain in her shoulders as 5/10, and 6/10 in her wrists. Objective findings were unchanged. She returned on May 22, 2014 and reported constant pain

level of 7-8/10 in her shoulders and wrists. Additional objective findings in the shoulders include decreased motor strength with external rotation as well as painful arc of motion over 135 degrees. Examination findings in her wrists were essentially unchanged. In her follow-up visit on June 25, 2014, she reported improvement in her shoulders and hands but noted worsening pain in her wrists. Examination of the hands and wrists demonstrated reduced grip strength, diminished sensation along the median and ulnar aspects, as well as positive Phalen's and Tinel's tests. On July 30, 2014, the injured worker complained of same pain level of 8/10 in her right shoulder, elbows and wrists. On examination of the right shoulder, range of motion was decreased, tenderness was present over the acromioclavicular joint, motor strength was decreased with flexion and extension with painful arc over 135 degrees, and positive Neer's and Hawkins impingement. Examination of the elbows revealed tenderness over the medial epicondyle, positive Cubital Tinel's sign, decreased range of motion, and decreased strength with flexion and extension. Examination of her hands and wrists showed decreased grip strength and positive Phalen's and Tinel's sign. In her subsequent follow-up visit on September 3, 2014, the injured worker reported pain level of 6/10 in her right shoulder, forearms, wrists and hands. There was no change in her objective findings. Physical therapy progress report dated March 14, 2014 showed minor relief with treatment. The injured worker's hands were still falling to sleep by the end of the day. She also noted tiredness and soreness in her shoulders. Flexion range of motion of the shoulder improved from 100 to 145 degrees on the right side and from 120 to 150 degrees on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The injured worker has no weight bearing problem that preclude her ability to participate in a standard land-based exercise program. Since there was no indication that the injured worker requires weightless therapy, the requested aquatic therapy is therefore not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) states that aquatic therapy is recommended where reduced weight bearing is desirable.

Left upper extremity EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

Decision rationale: In the initial report on February 6, 2014, under treatment, it specified that electrodiagnostic study was done on December 9, 2013, which demonstrated findings consistent with severe carpal tunnel syndrome, left hand greater than the right side. Since the injured worker's condition was essentially unchanged with no evidence of progressive neurological deficit, repeat of this test, left upper extremity electromyography (EMG), is therefore not medically necessary.

Right upper extremity EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

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Left upper extremity NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

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Right upper extremity NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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