Case Number:	CM14-0150524		
Date Assigned:	09/18/2014	**Date of Injury:**	10/15/2010
Decision Date:	11/10/2014	**UR Denial Date:**	08/29/2014
Priority:	Standard	**Application Received:**	09/16/2014

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 & 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 58 year old male with a work injury dated 10/15/10.The diagnoses include sacroiliitis not elsewhere classified, lumbago , back disorder not otherwise specified adhesive capsulitis of shoulder ,thoracic or lumbosacral neuritis or radiculitis not otherwise specified and sprains and strains of shoulder and upper arm not otherwise specified. Under consideration is the medical necessity of hand therapy, times 6 visits for the bilateral wrist and hands, electromyography of the bilateral upper extremities. According to a progress note dated 08/22/14, the patient complained of bilateral wrist and hand pain. The patient felt weak and had been dropping more things. The patient felt that the carpal tunnel got worse. The patient still had severe pain in the left hip that travelled to the right knee and lateral thigh. The left testicle was painful. The patient reported that the bilateral hip pain was moderate to severe depending on activity level. The pain was rated at 6/10. The score without medication was 8-9/l 0. The patient felt that the quality of life was much worse. The patient also complained of left shoulder, left wrist, right wrist, low back and left hip pain. The pain was rated at 6/10. Since the last visit, the pain level increased moderately. The patient reported that the medications were less effective. The patient showed no evidence of developing medication dependency. No medication abuse was suspected. The patient understood that symptoms would not be completely eliminated by pain medications. The patient could sit less than 15 minutes before needing to stand, walk or lay down. The patient had limitations with standing and walking due to pain. The patient could barely tolerate standing and walking. Within less than 15 minutes, the patient must change position by sitting or lying down. The patient had difficulty sleeping. The patient reported great amount of sleep disturbance with 3-5 hours of sleeplessness each night. The patient complained of severe pain most of the time. The patient indicated that pain interfered with the ability to

travel most of the time. The pain did not interfere with concentration or thinking. The patient was currently working full time without any modifications. Examination of the left shoulder revealed that movements were painful with flexion beyond 45 degrees, extension beyond 15 degrees and abduction beyond 40 degrees. The empty can, Hawkin's and Neer tests were positive. There was tenderness noted at the acromioclavicular joint. Examination of bilateral wrists revealed that there was no limitation in palmar flexion, dorsiflexion, ulnar deviation, radial deviation, pronation and supination. Tenderness to palpation was noted at triangular fibrocartilage complex (TFCC). Examination of the lumbar spine revealed midline shift. The range of motion was restricted with flexion limited to 50 degrees, extension limited to 15 degrees, right lateral bending limited to 20 degrees and left lateral bending limited to 25 degrees. The neck movements were painful with extension beyond 15 degrees. Spasm and tenderness were noted in both sides of the paravertebral muscles. All lower extremity reflexes were equal and symmetric. Spinous process tenderness was noted on both sides at L3, L4 and L5. The Babinski sign was negative. The heel and toe walk were normal. The straight leg raising and FABER tests were positive. The patient motor strength of quadriceps femoris was 5 on the left, tibialis anterior was 2/5, flexor digitorum longus was 2/5 on the left, peroneus longus was 1/5 on the left and peroneous brevis was 1/5 on the left. Examination of the testicles showed no masses, growth or irregularities. The patient had posterior superior iliac spine up slip. Sacroiliac provocative maneuvers were painful, specially the sacroiliac joint compression test. There was pain with extension. The straight leg raise was positive on the left. Treatment plan included bilateral L5-S I transforaminal epidural steroid injection, 6 sessions of hand therapy; electromyography if pain continued, possible consultation with an orthopedic, continue Elavil ;Lidoderm patch; Prilosec; Diclofenac XR , Flexeril and Docusate and stop Gabapentin and Norco. Per documentation a report dated July 25, 2014 indicates that the patient presents with bilateral wrist and hand pain. This is ongoing severe pain with weakness and dropping objects. Also he has left hip traveling to the knee and lateral thigh, pain in the left testicle, and low back pain. He is taking Voltaren and Prilosec for pain relief and occasionally Flexeril for muscle spasm. Pain is 6/10. Pain without medication is 8/10. The patient had back surgery in 2004. Exam reveals tenderness over the bilateral TFCC and no limitations: in wrist ROM on either side. Exam of the lumbar spine und lower extremities is completely unchanged from the June 26, 2014 report. He also has painful neck movement beyond 15 degrees of extension. The patient is believed to have moderate to severe radicular pain in an L5 and Sl pattern. He had 50% pain relief following previous ESIs and a repeat injection is requested. He is felt to have a combination of SI joint problems, loft hip problems, and lumbar postlaminectomy syndrome. Given that he is also reporting bilateral wrist pain and he has a history of bilateral hand and wrist impairment, with reports of increased pain and numbness in the fingertips, authorization is requested for 6 sessions of hand therapy. If pain is ongoing, updated electrodiagnostic will be recommended. This is per the recommendation of the QME, on May 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy times 6 visits for the right wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: Hand therapy times 6 visits for the right wrist and hand is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation states that the patient feels his carpal tunnel has gotten worse. The documentation does not reveal exam findings consistent with carpal tunnel syndrome. The guidelines state that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery. Additionally, the documentation indicates that the patient has cervical spine pain which may be causing radicular symptoms into the hands. Hand therapy x 6 visits is not necessary for multiple reasons. The physical exam reveals some TFCC tenderness but no limitations in range of motion. There is limited evidence for hand therapy for carpal tunnel and the request exceeds the recommendations for any type of therapy for carpal tunnel syndrome even post-surgical. It is not clear how if the patient's symptoms are radicular from the neck how therapy to the handwould improve her symptoms. The request for hand therapy times 6 visits for the right wrist and hand is not medically necessary.

Hand therapy times 6 visits for the left wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: Hand therapy times 6 visits for the left wrist and hand is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation states that the patient feels his carpal tunnel has gotten worse. The documentation does not reveal exam findings consistent with carpal tunnel syndrome. The guidelines state that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery. Additionally, the documentation indicates that the patient has cervical spine pain which may be causing radicular symptoms into the hands. Hand therapy x 6 visits is not necessary for multiple reasons. The physical exam reveals some TFCC tenderness but no limitations in range of motion. There is limited evidence for hand therapy for carpal tunnel and the request exceeds the recommendations for any type of therapy for carpal tunnel syndrome. It is not clear how if the patient's symptoms are radicular from the neck how therapy to the hand would improve her symptoms. The request for hand therapy times 6 visits for the left wrist and hand is not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178; 261; 34; 213.

Decision rationale: EMG of the right upper extremity is not medically necessary per the MTUS Guidelines. The guidelines states that EMG or NCV studies can be performed to evaluate the suprascapular nerve in cases of severe rotator cuff weakness without signs of a rotator cuff tear. Additionally the guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. Furthermore, the guidelines state that nerve conduction study and possibly EMG can be performed 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 guidelines also state that 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. The documentation indicates that the patient has had electrodiagnostic studies of the upper extremities in October of 2009 which showed bilateral carpal tunnel, more on the right than left and right cubital tunnel. It is unclear how repeat electromyography studies will change the patient's treatment plan. Furthermore, the patient's physical exam findings do not support the need for further physiologic testing through electrodiagnostic evaluation. The request for EMG of the right upper extremity is not medically necessary.

EMG of the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 178; 261; 34; 213.

Decision rationale: EMG of the left upper extremity is not medically necessary per the MTUS Guidelines. The guidelines states that EMG or NCV studies can be performed to evaluate the suprascapular nerve in cases of severe rotator cuff weakness without signs of a rotator cuff tear. Additionally the guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. Furthermore, the guidelines state that nerve conduction study and possibly EMG can be performed 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 guidelines also state that 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. The documentation indicates that the patient has had electrodiagnostic studies of the upper extremities in October of 2009 which showed bilateral carpal tunnel, more on the right than left and right cubital tunnel. It is unclear how repeat electromyography studies will change the patient's treatment plan. Furthermore, the patient's physical exam findings do not support the need for further physiologic testing through electrodiagnostic evaluation. The request for EMG of the left upper extremity is not medically necessary.