

Case Number:	CM14-0151939		
Date Assigned:	09/22/2014	Date of Injury:	08/01/2013
Decision Date:	10/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/17/2014

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 Occupational Medicine, 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:

According to the provided documents this patient is a 70-year-old woman injured on 8/1/13. The disputed requests are, hand therapy X6 sessions; PT X6 sessions cervical spine; and EMG/NCV bilateral hands. These are discussed in a utilization review determination letter from 9/8/14. There is an 8/20/14 physical medicine and rehabilitation report requesting the disputed treatments and diagnostic tests. This states that the patient has persistent hand pain and an MRI that showed degenerative changes and tearing of various intra-articular ligaments bilaterally. Range of motion has been limited in the hands. Hand therapy will be requested. Cervical spine pain has continued with radiating paresthesias to the arms. Trigger point injections which were authorized will be scheduled. Acupuncture treatments will be started as they have been approved. PT for the cervical spine will be requested as muscle spasms have continued. Exercise is indicated to be walking daily on a treadmill and exercise recumbent bicycle. There is no mention of any specific home exercise regimen directed for the neck or upper extremities. Objective findings included pressure on cervical facets, aggravated pain complaints bilaterally, rotation aggravated facet pain, and trigger points were described with twitch responses. Range of motion of the neck was reduced. Range of motion of the wrists were normal, there was painful range of motion of the left carpometacarpal joint. In the upper extremity muscle testing on the left was 4/5 from the shoulder distal to the hand intrinsic and 5/5 on the right. Peripheral nerve examination ulnar nerve at the elbow was 2 on the left described as mild, 0 on the right and 0 bilaterally at Guyon's canal. Median nerve was 1 (trace0 bilaterally for Durkan's carpal tunnel compression, Phalen's wrist flexion 1 on the right, 2 on the left. Paresthesias of the volar wrist with Tinel's 2 left, 1 right. Sensory was described as 4/5 bilaterally the median nerve and bilaterally C6. Diagnoses were neck pain (followed by descriptors of findings in the neck at multiple levels consistent with citation from an MRI of the cervical spine with multilevel

degenerative disc disease); hand pain with suspected carpal tunnel syndrome; shoulder limited range of motion; and tenosynovitis of flexor tendons and hands. There is an MRI of the upper extremity joint, left, that showed tearing of the ligaments in the wrists, cartilage fissuring, subchondral cystic change and a probable ganglion cyst. There are findings and tendinitis in a small tear of the triangular fibrocartilage central disc. Patient had medial branch blocks performed on 7/21/14, there was no mention of results. Medications include Nortriptyline, Pennsaid solution, Klonopin and vitamin D; there have been trigger point injections on 7/23/14 in the neck region. Chiropractic treatment was requested for the neck on 7/9/14 acupuncture was requested on the same date. No other reports mention what if any benefits would be derived from those treatments. The patient has used wrist splints since 4/16/14. An EMG/NCV had been requested previously by this provider on 5/14/14 and reportedly denied. The initial evaluation from the physiatrist from 3/19/14 described extensive previous conservative treatment with a different provider that included a non nonsteroidal anti-inflammatory medication, Etodolac. She had a steroid injection in the left carpal tunnel in July 2013, and a spine surgeon in 2013 reportedly recommended epidural steroid injections but there is no mention that those were done. None of the submitted reports from the physiatrist documented any significant exacerbation, flare-up or reinjury of the neck or upper extremities. The utilization review determination that did not approve the disputed requests stated that there were EMG/NCS from 9/17/13 with an impression normal study no electrodiagnostic evidence of carpal tunnel syndrome, given association with neck pain could also be cervical pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines, part 2, Physical medicine, Page(s): 98-99; Definition page 1.

Decision rationale: At the time of this request, the patient was receiving acupuncture. The medical report did not document any change in the condition of the wrists or hands, only ongoing pain and concern for carpal tunnel syndrome, however there are multiple other positive findings of degenerative changes in the wrists and hands that could be pain generators. The pain is not described as being specifically localized to median nerve distribution, there is no documentation of numbness and tingling specifically in the median nerve distribution. The diagnosis is wrist pain .Most problematic is that there is no documentation of what the specific functional goals of the treatment are for the wrists. MTUS chronic pain guidelines recognize the patient specific hand therapy is important in reducing symptoms of chronic regional pain syndrome but do not specifically mention any other diagnoses. The records indicate patient has had previous treatment for the wrists and hands and should have been taught an independent home exercise program by now. This overall clinical presentation does NOT support the need for occupational therapy for the bilateral wrists and hands. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

Physical therapy x 6 sessions Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, pages 98-99; Definitions page 1 Page(s): pages 98-99; Definitions page 1.

Decision rationale: The report states that this is being requested because the patient has ongoing cervical spasms. There was previous chiropractic treatment presumably directed at the neck and there is no mention of what benefits were derived from that. Patient was undergoing acupuncture with no specified functional benefit derived either. There has not been any recent flare-up of this patient's chronic pain. Specific functional goals of the physical therapy are not mentioned. While MTUS chronic pain guidelines do support physical therapy particularly for flare-ups of chronic pain, treatment needs to be based on functional goals which are not documented. Thus, based upon the evidence and the guidelines, this is not considered to be medically necessary.

EMG (electromyography) left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179-183 and 261-262.

Decision rationale: The request report states of paresthesias or increased in her hands in a nerve conduction study in a letter my myography will be requested. There is no documentation of any new or progressive neurologic deficit however. Reports from the requesting provider do mention that electrodiagnostic studies of the upper extremities were done by the previous provider and were reported as normal. ACOEM guidelines support EMG when there is a suspected disc herniation preoperatively or before epidural injection. Since there has been no documentation of any new neurologic deficits since the EMGs were originally performed, there is no indication to repeat them in order to look for cervical radiculopathy. In order to assist with diagnosis of peripheral neuropathy searches polyneuropathy or median indicate that nerve conduction studies, or in more difficult cases EMG may be helpful to differentiate between CTS and other conditions. However, again since these tests have already been done and since there is no evidence of any progressive or new neurologic findings there is no reason to repeat the test at this time. Therefore, based upon the evidence and the guidelines, this not considered to be medically necessary.

EMG (electromyography) right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179 - 183, 261-262.

Decision rationale: The request report states of paresthesias or increased in her hands in a nerve conduction study in a letter my typography will be requested. There is no documentation of any new or progressive neurologic deficit however. Reports from the requesting provider do mention that electrodiagnostic studies of the upper extremities were done by the previous provider and were reported as normal. ACOEM guidelines support EMG when there is a suspected disc herniation preoperatively or before epidural injection. Since there has been no documentation of any new neurologic deficits since the EMGs were originally performed, there is no indication to repeat them in order to look for cervical radiculopathy. In order to assist with diagnosis of peripheral neuropathy searches polyneuropathy or median indicate that nerve conduction studies, or in more difficult cases EMG may be helpful to differentiate between CTS and other conditions. However, again since these tests have already been done and since there is no evidence of any progressive or new neurologic findings there is no reason to repeat the test at this time. Therefore, based upon the evidence and the guidelines, this not considered to be medically necessary.

NCV (nerve conduction studies) left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179-183 and 261-262.

Decision rationale: The request report states of paresthesias or increased in her hands in a nerve conduction study in a letter my typography will be requested. There is no documentation of any new or progressive neurologic deficit however. Reports from the requesting provider do mention that electrodiagnostic studies of the upper extremities were done by the previous provider and were reported as normal. ACOEM guidelines support EMG when there is a suspected disc herniation preoperatively or before epidural injection. Since there has been no documentation of any new neurologic deficits since the EMGs were originally performed, there is no indication to repeat them in order to look for cervical radiculopathy. In order to assist with diagnosis of peripheral neuropathy searches polyneuropathy or median indicate that nerve conduction studies, or in more difficult cases EMG may be helpful to differentiate between CTS and other conditions. However, again since these tests have already been done and since there is no evidence of any progressive or new neurologic findings there is no reason to repeat the test at this time. Therefore, based upon the evidence and the guidelines, this not considered to be medically necessary.

NCV (nerve conduction studies) right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 179-183 and 261-262.

Decision rationale: The request report states of paresthesias or increased in her hands in a nerve conduction study in a letter my typography will be requested. There is no documentation of any new or progressive neurologic deficit however. Reports from the requesting provider do mention that electrodiagnostic studies of the upper extremities were done by the previous provider and were reported as normal. ACOEM guidelines support EMG when there is a suspected disc herniation preoperatively or before epidural injection. Since there has been no documentation of any new neurologic deficits since the EMGs were originally performed, there is no indication to repeat them in order to look for cervical radiculopathy. In order to assist with diagnosis of peripheral neuropathy searches polyneuropathy or median indicate that nerve conduction studies, or in more difficult cases EMG may be helpful to differentiate between CTS and other conditions. However, again since these tests have already been done and since there is no evidence of any progressive or new neurologic findings there is no reason to repeat the test at this time. Therefore, based upon the evidence and the guidelines, this not considered to be medically necessary.