

Case Number:	CM14-0169034		
Date Assigned:	10/17/2014	Date of Injury:	06/21/2013
Decision Date:	11/19/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 Plastic Surgery, has a subspecialty in Surgery of the Hand and is licensed to practice in Texas. 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 an injury on 06/21/13 when a patient's leg dropped on her right wrist. The injured worker has been followed for ongoing complaints of right wrist and shoulder pain. The injured worker's last EMG/NCV findings from 09/15/14 noted evidence of mild right median nerve neuropathy and moderate to severe left median nerve neuropathy. The clinical report dated 08/15/14 noted ongoing pain 8/10 in severity. The injured worker's physical exam noted tenderness to palpation in the right wrist with no specific neurological findings noted. There was no evidence for polyneuropathy or radiculopathy. The requested physical therapy and EMG/NCS studies were denied on 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 6 Weeks for The Right Wrist: Upheld

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

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

Decision rationale: In review of the clinical documentation provided, the requested physical therapy for 12 sessions would not be supported as medically necessary per current evidence

based guideline recommendations. The injured worker continues to have complaints of pain in the right upper extremity at the wrist and shoulder. The injured worker has completed prior physical therapy without documentation regarding response to treatment. No additional goals or a rationale were provided regarding the expected benefits from additional physical therapy over a standard home exercise program. Without any indications that there are exceptional factors in this case that would support physical therapy for exceptional factors as recommended by current evidence based guidelines, this reviewer would not recommend the request as medically necessary.

EMG/NCS BUE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EMG Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: In review of the clinical documentation provided, the requested EMG and NCS studies of the bilateral upper extremities would not be supported as medically necessary per current evidence based guideline recommendations. The injured worker underwent EMG and NCS studies on 09/15/14. There were no ongoing assessments of this patient noting any substantial change in the injured worker's symptoms or physical exam findings to support a new study. It is unclear how additional EMG or NCS studies would provide additional clinical information that would help guide the course of treatment for this injured worker as recommended by current evidence based guidelines. As such, this reviewer would not recommend the requested studies as medically necessary.