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| <b>Case Number:</b>   | CM14-0169482 |                              |            |
| <b>Date Assigned:</b> | 10/23/2014   | <b>Date of Injury:</b>       | 05/16/2013 |
| <b>Decision Date:</b> | 11/21/2014   | <b>UR Denial Date:</b>       | 09/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 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 workers is a 47-year-old woman with date of injury 5/16/13. She presents with persistent neck pain, bilateral shoulder pain, bilateral wrist pain and back pain. Her examination demonstrated paraspinal cervical and lumbar tenderness, impaired cervical and lumbar range of motion, decreased strength and sensation of the right C5 to 8 dermatomes. She was diagnosed with chronic cervical thoracic lumbar strain, and upper extremity overuse syndrome. Electrodiagnostic studies of the bilateral upper extremities and physical therapy 12 visits for cervical thoracic and lumbar spine and bilateral wrist was subsequently requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV (Electromyography / Nerve Conduction Velocity) of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 258-262.

**Decision rationale:** The injured worker was noted to have persistent worsening of weakness and paresthesias in bilateral hands. Physical exam on 9/2/14 was documented as positive Spurling's

on the right and decreased strength and sensation of 4/5 at the right C5-8. Reflexes were 2+ and symmetric. Physical therapy for bilateral wrists was authorized and request for ergonomic work station was mentioned on 5/23/14. On 9/2/14 bilateral upper extremity EMG/NCV were requested to rule out carpal tunnel syndrome and cervical radiculopathy. There was no evidence of red flags nor were there any documentation of traditional physical exam findings indicative of bilateral carpal tunnel syndrome. In addition, all abnormal neurologic findings in the upper limbs were on the right. Cited MTUS guideline criteria for ordering special diagnostic studies were not met. Therefore, the request for EMG/NCV (Electromyography / Nerve Conduction Velocity) of bilateral upper extremities is not medically necessary and appropriate.

**Twelve (12) Physical Therapy sessions for the cervical, lumbar and thoracic and bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Physical Medicine

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

**Decision rationale:** The injured worker was noted to have persistent worsening of weakness and paresthesias in bilateral hands. Physical exam on 9/2/14 was documented as positive Spurling's on the right and decreased strength and sensation of 4/5 at the right C5-8. Reflexes were 2+ and symmetric. Physical therapy for bilateral wrists was authorized on 5/23/14. On 9/2/14 request was made for an additional 12 session of physical therapy for the cervical, lumbar and thoracic, and bilateral wrists. For the diagnosis of neuritis and radiculitis up to 10 visits over 4 weeks of physical therapy is allowed per MTUS guidelines. Therefore, the request for twelve (12) Physical Therapy sessions for the cervical, lumbar and thoracic and bilateral wrists is not medically necessary and appropriate.