

<b>Case Number:</b>	CM14-0174744		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck, back, and wrist pain reportedly associated with cumulative trauma at work between the dates May 16, 2012 through May 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; a TENS unit, and work restrictions. In a Utilization Review Report dated September 17, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities and 12 sessions of physical therapy for the cervical spine. Non-MTUS Third Edition ACOEM Guidelines were invoked in the denial, along with the MTUS Chronic Pain Medical Treatment Guidelines. The claims administrator suggested that the applicant had had 28 total sessions of physical therapy to date. The applicant's attorney subsequently appealed. In a September 5, 2014 progress note, the applicant reported 3/10 neck, back, and bilateral wrist pain. It was suggested that the applicant was working with the aid of Motrin. Positive Spurling maneuvers were noted about the cervical spine with hyposensorium appreciated about the right upper extremity versus intact sensorium about the left upper extremity. The attending provider stated that the applicant had primary complaint of neck pain with ancillary complaints of overuse syndrome generating bilateral wrist and bilateral shoulder pain. The applicant had also had intermittent panic attacks, it was stated. Electrodiagnostic testing of the bilateral upper extremities was sought to distinguish between a cervical radiculopathy versus a carpal tunnel syndrome. The attending provider then stated that the applicant was having paresthesias about the bilateral hands and suggested that the applicant obtain a left wrist brace. Work restrictions, Motrin, Prilosec, and a topical compounded medication were endorsed. In a medical-legal evaluation dated June 24, 2014, the medical-legal evaluator alluded to the applicant's having had earlier electrodiagnostic testing of the bilateral upper extremities dated July 30, 2013 which was interpreted as normal.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of BUE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, electrodiagnostic studies may be repeated later in the course of treatment in applicants in whom initial testing was negative. In this case, the applicant did reportedly have earlier negative electrodiagnostic testing in 2013. Complaints of neck pain and upper extremity paresthesias reportedly persist. The attending provider has suggested that the applicant's complaints are evocative of carpal tunnel syndrome versus a possible cervical radiculopathy. The requested electrodiagnostic testing can help to distinguish between the two considerations. Therefore, the request is medically necessary.

**Physical therapy 2x week for 6 weeks for the cervical, lumbar, and thoracic spine and bilateral wrists:** 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 topic Page(s): 98-99.

**Decision rationale:** The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that applicants are expected to continue with active therapies at home as an extension of the treatment process. In this case, the applicant has already returned to modified duty work, does not have significant lingering impairment and should, thus, be capable of transitioning to self-directed home physical medicine without the lengthy formal course of physical therapy proposed here. Therefore, the request is not medically necessary.