

Case Number:	CM14-0036316		
Date Assigned:	06/25/2014	Date of Injury:	11/05/2004
Decision Date:	07/25/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/25/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 1/31/14 PR-2 notes the insured has increased pain, numbness, and tingling in hands with pain in both arms. He has migraine headaches. Examination notes tenderness in the extensor muscle mass and negative Tinel's over the cubital tunnels and carpal tunnels. The insured has slightly diminished sensation to pinprick on the dorsum of the second web space of the left hand. The insured has a h/o bilateral medial epicondylectomy and ulnar nerve decompression and right carpal tunnel release. The treating provider noted probably bilateral radial tunnel syndrome. Physical therapy of the upper extremity and EMG/NCV was requested by treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 for upper extremities: 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: The medical records provided for review do not document physical exam findings of decreased ROM, weakness, or pain with range of motion. Specific goals of physical therapy in support of 12 visits is not documented. California MTUS guidelines do not support 12

visits of physical therapy for the conditions indicated of the injured worker. As such physical therapy 12 sessions are not supported by the medical records provided for review.

Electromyography (EMG) upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, EMG and The American Association of Electrodiagnostic Medicine.

Decision rationale: The medical records provided for review do not indicate any suspicion of radiculopathy or nerve condition not otherwise already diagnosed. There is no indication that EMG will effect treatment plan of the injured worker. There are no physical exam findings demonstrating any condtion different than the conditions already diagnosed for the injured worker. In the absence of such findings, EMG of the upper extremities is not supported as medically necessary.

Nerve conduction study (NCS) upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, NCV and the Minimum Standards for Electrodiagnostic Studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

Decision rationale: The medical records provided for review do not indicate any new neurologic findings being reported and reports the diagnosis of carpal tunnel and ulnar neuropathies having been made with previous decompression therapies. The medical records do not indicate a plan for surgery or how NCV study will modify current treatment plan. ODG does not support NCV of the upper extremities based on the medical records provided for review.