

<b>Case Number:</b>	CM14-0043857		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/13/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 & Rehabilitation and has a subspecialty in Interventional Spine 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 patient is a 62-year-old male with a date of injury of 10/13/2013. According to doctor's first report from 02/11/2014 by [REDACTED], the patient presents with left shoulder, left hand, left arm, left elbow, and left wrist pain with numbness, tingling, burning, and weakness. The patient rates pain between 4-8/10. Examination revealed thenar eminence and hypertrophy evidence. There was noted limited range of motion of the left wrist, positive Tinel's, Phalen's, and Bracelets on the left. Recommendation is for chiro/physiotherapy 3x3, x-ray of the left wrist, referral to [REDACTED], and NCV/EMG of bilateral wrist. Report 03/14/2014 indicates that therapy is helping. Utilization review denied the request for physiotherapy 2 times a week for 3 weeks for the left wrist, EMG of the bilateral extremities, and NCV of the bilateral upper extremities on 04/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2 times a week for 3 weeks for the left wrist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Physical therapy.

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

**Decision rationale:** This patient presents with constant left shoulder, hand, arm, elbow, and wrist pain with numbness, tingling, burning, and weakness. The physician has recommended physiotherapy 2 times a week for 3 weeks for the left wrist. Utilization review denied the request stating, Due to lack of information with respect to work tolerances, the request for continued care is not supported. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuralgia type symptoms 9 to 10 sessions over 8 weeks. In this case, the medical file provided for review includes 2 reports from 12/11/2014 and 03/14/2014. These reports do not indicate any recent therapy treatments. It may be that the patient never had any therapy aimed at the left wrist. Given the patient's continued complaints, a short course of 6 sessions may be warranted. The request for physiotherapy 2 times a week for 3 weeks for the left wrist is medically necessary and appropriate.

**EMG of the bilateral upper extremities (BUE):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Hand (online).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262, Postsurgical Treatment Guidelines Page(s): 178.

**Decision rationale:** This patient presents with left shoulder, arm, elbow, and hand pain with positive Tinel's, Phalen's, and bracelet testing on the left. On 02/11/2014, physician requested an EMG of the bilateral extremities. Utilization review denied the requesting stating EMG/NCV testings are supported as necessary with specific fractures. ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. In this case, the patient presents with continued complaints of the left upper extremities with positive finding on the left. Therefore, the request for the retractor request for bilateral EMG is not medically necessary and recommendation is for EMG of the bilateral upper extremities (BUE) is medically necessary and appropriate.

**NCV of the bilateral upper extremities (BUE):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Hand (online).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with left shoulder, arm, elbow, and hand pain with positive Tinel's, Phalen's, and bracelet testing on the left. On 02/11/2014, physician requested an

NCV of the bilateral extremities. Utilization review denied the requesting stating EMG/NCV testings are supported as necessary with specific fractures. ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines has the following regarding EDX and Carpal Tunnel Syndrome, Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. In this case, the patient continues with upper extremities symptoms with positive findings on the left. Therefore the request for NCV of the bilateral upper extremities (BUE) is medically necessary and appropriate.