

<b>Case Number:</b>	CM14-0049341		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/08/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 patient is a 75 year old male who sustained an injury on 06/08/2013 to the right dorsal aspect of the hand. The mechanism of injury is unknown. Prior treatment history has included physical therapy. Prior medication history included tizanidine, Naproxen, and Ultracet. Diagnostic studies reviewed include MRI of the right hand dated 07/22/2013 demonstrated multiple level osteoarthritic spaces in the right hand with chronic tenosynovitis and tendinitis. There are no other imaging studies available for review. New patient evaluation note dated 03/04/2014 states the patient complained of ongoing pain in the right hand radiating into the right upper extremity. he continued to have pain radiating from the dorsum of the hand into the right aspect both hand and wrist as well as pain radiating proximally into the upper arm. On examination, he has tenderness to palpation over the right dorsal aspect of the hand over the right 3rd and 4th interossei with evidence of mild swelling over the dorsal aspect of the hand but otherwise no color changes. He has well preserved range of motion of the right wrist, elbow, but has guarding on the right shoulder elevation of both flexion and abduction limited by approximately 10% of normal. Deep tendon reflexes are 2+ in the upper extremities and were symmetric. He has decreased sensation to light touch of the right radial aspect of the arm and forearm. His grip strength is weakened at 4/5 in the right compared to the left. There is weakness noted at the right wrist rated as 4/5 in the right compared to the left. He is diagnosed with right dorsal hand contusion with suspected neuropathic pain radiating into the proximal right upper extremity; myofascial pain in the right trapezius and right upper extremity and chronic pain syndrome. He has been recommended for physical therapy to help with his right arm symptoms. For his intermittent paresthesias, he has been recommended an EMG/NCS of the upper extremities. Prior utilization review dated 03/17/2014 states the request for Physical therapy (right upper extremity) (1x12) has been partially certified for 1 visit for 9 weeks; [REDACTED] interpreter at all

medical visits is not medically necessary; Electromyography (EMG) of the bilateral upper extremities, Nerve Conduction Velocity (NCV) of the Bilateral upper extremities is not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy (right upper extremity) (1x12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Forearm, Wrist and hand Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand.

**Decision rationale:** According to MTUS guidelines, physical medicine is recommended for acute exacerbations of chronic pain up to 10 visits over 8 weeks. In this case the patient does not appear to have had physical therapy for this injury. There are ongoing pain complaints. Medical necessity is established for up to 10 visits, 12 visits exceeds guideline recommendations and is not medically necessary.

#### **■■■■■ interpreter at all medical visits: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Interpreter Certification, Title 8, California Code of Regulations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.dir.ca.gov/t8/9795\\_3.html](http://www.dir.ca.gov/t8/9795_3.html).

**Decision rationale:** According to the California Code of Regulations, fees for interpreter services for medical treatment appointments are to be covered by the claims administrator upon the request of an employee who is not proficient in English. In this case there is documentation that the patient is not proficient in English. Medical necessity is Established.

#### **Electromyography (EMG) of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Electrodiagnostic Studies.

**Decision rationale:** According to MTUS and ODG guidelines, electromyography may be indicated in select cases to evaluate cervical radiculopathy. However in this case the patient only has right-sided symptoms and findings such that bilateral electromyography is not medically necessary.

**Nerve Conduction Velocity (NCV) of the Bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Electrodiagnostic Studies.

**Decision rationale:** According to MTUS and ODG guidelines, nerve conduction studies may be indicated in select cases to evaluate peripheral entrapment neuropathies. However in this case the patient only has right-sided symptoms and findings such that bilateral nerve conduction studies are not medically necessary.