

<b>Case Number:</b>	CM14-0059297		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of November 27, 2012. A utilization review determination dated April 1, 2014 recommends noncertification of PT to the bilateral wrists 2X4. It also appears that EMG/nerve conduction study of bilateral upper extremities was also recommended for non-certification. Noncertification was recommended due to lack of physical findings suggesting an issue of peripheral neuropathy to support the use of nerve conduction studies. Noncertification for physical therapy was recommended due to lack of documentation of quantifiable and progressive functional improvement from previous physical therapy sessions. A letter dated April 19, 2014 indicates that the requesting physician feels that the patient has cubital tunnel syndrome on the right side and probably the left as well as bilateral carpal tunnel syndrome and possible cervical radiculopathy. An EMG would help differentiating between these problems. The physician states that if surgery is being considered, electrodiagnostic information would be critical. A note dated December 30, 2013 indicates that the patient underwent an electrodiagnostic study in 2011 which showed right carpal tunnel syndrome. Current complaints include pain and numbness in the right hand involving all fingers. This radiates up the patient's elbow. Physical examination findings reveal normal sensation in all fingers of both hands. There is a negative Tinel's sign in the median and ulnar nerves bilaterally. The assessment goes on to indicate that the patient has symptoms on the right side but no symptoms on the left side. It also states that the patient has a positive Phelan's test on the right side. The note indicates that the patient needs electrodiagnostic studies and would possibly benefit from a carpal tunnel release. The note goes on to state that the requesting physician does not believe the chiropractic care is indicated or would have any beneficial effect. A letter dated March 11, 2014 indicates that the patient underwent physical therapy which hurt her. The patient also complains of neck pain as well as pain and numbness in the hand which comes on a night.

She has had an EMG nerve conduction study which showed severe carpal tunnel syndrome with complete absence of sensory response in the poem. Physical examination reveals decreased sensation mostly in the medial finger of the right hand with negative Tinel's and Phalen's test. The patient has a positive Adson's maneuver. The motor examination is normal. The diagnoses include cervical sprain possible cervical radiculitis and possible carpal tunnel. The treatment plan recommends physical therapy and a new EMG nerve conduction study to differentiate whether she is having carpal tunnel or whether mighty cubital tunnel or even thoracic outlet syndrome that might be giving her problems.

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

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

#### **EMG/NCS of the bilateral upper extremities: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

**Decision rationale:** Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the requesting physician has indicated that the patient has neurologic findings which are consistent with multiple diagnoses. The requesting physician has asked for electrodiagnostic studies in hopes of differentiating the etiology of the patient's current symptoms. The patient's symptoms may be consistent with carpal tunnel syndrome, cervical radiculopathy, or thoracic outlet syndrome. Therefore, the use of electrodiagnostic studies to help differentiate these diagnoses seems to be a reasonable next step in management. As such, the currently requested Bilateral Upper Extremity EMG/NCS are medically necessary.

#### **Physical therapy to the bilateral wrists 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy

**Decision rationale:** Regarding the request for physical therapy to the wrist, Occupational Medicine Practice Guidelines state a physical therapist can serve to educate the patient about an effective exercise program. ODG recommends occupational/physical therapy in the management of upper extremity conditions. ODG additionally recommends an initial trial of physical therapy;

and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. Within the documentation available for review, it is unclear how many physical therapy sessions the patient has already undergone. Additionally, there is no documentation of any objective functional improvement or other benefit from the provided physical therapy sessions, in fact, it is noted that PT "hurt" the patient. Furthermore, no specific objective treatment goals have been identified for the currently requested therapy. In the absence of clarity regarding those issues, the currently requested additional Physical Therapy are not medically necessary.