MAXIMUS Federal Services

Case Number:	CM14-0060878		
Date Assigned:	07/09/2014	Date of Injury:	08/28/2009
Decision Date:	09/17/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/01/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 60-year-old female who reported the injury on 08/28/2009. The mechanism of injury was not provided. Her diagnoses include epicondylitis lateral right, tendinitis, and right carpal tunnel syndrome. Past treatments included splinting, physical therapy, surgery, home exercise program, stretching exercises and medication. Surgeries included rotator cuff manipulation in 2010 and gallbladder removal in 2011. On 04/17/2014 the injured worker had right hand tingling, swelling and pain. She continued to have left shoulder pain. She continued to have right elbow pain that was tingling and going into the thumb and index finger. She had previous nerve conduction studies which indicated she probably had tendinitis with a component of carpal tunnel syndrome. She did not wish any type of surgical treatment at that time. When she was seen in 2012 she noted that the right hand symptoms predated the shoulder symptoms and shoulder improvements surgical treatment. She was seen in 2012. She did not want (any further active care because she was overwhelmed and wanted to continue with working. She noted that her right hand had continued to be progressively more symptomatic. Medications included Lisinopril 10 mg daily, hydrochlorothiazide 12.5 mg daily and Prilosec specific dose unknown. Examination of right upper extremity revealed tender cubital tunnel, tender lateral epicondyle, anterior arm pain with restricted wrist extension and slight edema in the right hand. The right hand was positive for Tinel's and the carpal tunnel causes her pain at the small finger, normal. There was no significant muscle atrophy of either upper extremity, no focal motor weakness. She had full range of motion of her neck. The request is for electromyogram (EMG), right upper extremity, nerve conduction velocity (NCV), right upper extremity and occupational therapy times 6 visits. The Request for Authorization form and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,Chronic Pain Treatment Guidelines Page(s): 98, 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The request for electromyogram (EMG) right upper extremity is not medically necessary. The CA MTUS/ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. The treating physician's rationale was not provided w/in the clinical notes. There is a lack of clinical information indicating the injured worker complained of radicular pain for more than three weeks. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. The injured worker has a history of back pain and wrist pain. There was lack of documentation to warrant medical necessity and determine appropriateness of the EMG. The injured worker has a lack of documentation of radicular pain for more than 3 weeks. As such, the request is not medically necessary.

Nerve Conduction Velocity (NCV) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,Chronic Pain Treatment Guidelines Page(s): 98, 99.

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

Decision rationale: The request for nerve conduction velocity (NCV) right upper extremity is not medically necessary. ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), 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. There should be documentation of 3 - 4 weeks of conservative care and observation. There is no documentation of peripheral neuropathy condition that exists in the upper extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The injured worker has a history of back pain. As such, the request is not medically necessary.

Occupational therapy times 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,Chronic Pain Treatment Guidelines Page(s): 98, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 99.

Decision rationale: The request for occupational therapy times 6 visits are not medically necessary. The California MTUS guidelines state to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. There is lack of documentation for functional deficits. There is lack of recent documentation with reference to upper extremity symptoms or examination findings. The request lacks the body part to receive therapy in the request. As such, the request is not medically necessary.