

Case Number:	CM13-0022045		
Date Assigned:	12/27/2013	Date of Injury:	04/16/2013
Decision Date:	03/12/2015	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female who suffered an unknown work related injury on 04/16/2013. Per the physician notes from 08/20/2013 her complaints include pain in the right arm, right hand/fingers and left hand/wrist with respiratory complications. The pain was rated as a 7/10. The pain was described as constant, radiating to the neck and arms, associated with numbness, tingling, cramping, burning, throbbing, stabbing, aching, dull, sharp, and electric like sensations. She is noted to have limited range of motion in her right arm, and bilateral hands. She last worked 07/19/2013. Diagnoses include bilateral carpal tunnel syndrome, right ulnar neuropathy, and history of bronchitis. The treatment plan included physical therapy, acupuncture, and NCV/EMG of the bilateral upper extremities. These treatments were denied by the Claims Administrator on 08/30/2013 and were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for an EMG of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that an EMG and nerve conduction velocities including H reflexes may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms. There should be evidence that the injured worker has tried and failed a 3 to 4 week period of conservative treatment. The injured worker is diagnosed with bilateral carpal tunnel syndrome, as well as ulnar neuropathy with a positive Durkan's, Tinel's, and Phalen's bilaterally. There is, however, no evidence of the injured worker's trial and failure to respond to initially recommended conservative treatment to include physical therapy and medications. As such, medical necessity has not been established.

NCV Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Study.

Decision rationale: The request for NCV of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that an EMG and nerve conduction velocities including H reflexes may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms. There should be evidence that the injured worker has tried and failed a 3 to 4 week period of conservative treatment. The injured worker is diagnosed with bilateral carpal tunnel syndrome, as well as ulnar neuropathy with a positive Durkan's, Tinel's, and Phalen's bilaterally. There is, however, no evidence of the injured worker's trial and failure to respond to initially recommended conservative treatment to include physical therapy and medications. As such, medical necessity has not been established.

Physical Therapy x 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 98.

Decision rationale: The request for physical therapy x8 visits is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and can alleviate discomfort. The guidelines recommend 10 visits over 4 weeks. There is no information on if the injured worker had undergone previous physical therapy sessions or the

amount of sessions and the efficacy of those sessions were not provided for review. The injured worker was previously authorized for prior physical therapy. Additionally, the provider's request does not indicate the site at which the physical therapy sessions were indicated for the frequency of the visits in the request as submitted. As such, medical necessity has not been established.

Acupuncture 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2x6 is not medically necessary. The California MTUS Guidelines recommend acupuncture for injured workers who are intolerant of or unresponsive to other medications. No indication that the injured worker is not responding to medication nor has adverse reaction to them. Additionally, there should be an adjunct active rehabilitation program to perform with the recommended acupuncture treatments. The guidelines would recommend 3 to 4 visits of acupuncture to produce effects. The provider's request for acupuncture 2 times a week for 6 weeks exceeds the guideline recommendations. As such, medical necessity has not been established.