

Case Number:	CM14-0013575		
Date Assigned:	03/07/2014	Date of Injury:	05/02/2007
Decision Date:	02/28/2015	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/03/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57 year old female with a date of injury of May 2, 2007. Results of the injury include her neck, bilateral shoulders, and bilateral wrists. Diagnosis include s/p right shoulder SAD, RDR Mumford, carpal tunnel syndrome, shoulder arthritis, and cervical spine arthritis. Treatment has included Anaprox 550 mg, Soma 350 mg, Tylenol with codiene, crotherapy, and therapeutic exercise. Magnetic Resonance Imaging (MRI) arthrogram dated December 12, 2011 revealed a small partial tear s/p RCR with no full thickness component but small delamination. Mid djd of the labrum. No tears. S/p SAD/ Mumford. Progress report dated December 27, 2013 revealed tenderness over lat/anterior/posterior shoulder and up along the neck. The neck was with tenderness to palpation and decreased range of motion and some crepitation. There was tenderness to palpation to bilateral elbows along the medial joint line. There was numbness in the right hands and fingers. Exam findings were notable for a positive Tinel's sign in both wrists. She was diagnosed with carpal tunnel syndrome . Work status was noted as permanent and stationary. The treatment plan included therapy of the right wrist and a brace. Utilization review form dated January 8, 2014 non certified EMG/NCV right upper extremity and PT right wrist due to noncompliance with ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Forearm and wrist pain

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. According to the OGD guidelines, strains of the elbows and wrists are limited to 8-9 visits. There was no indication that the claimant could not perform home exercises. As a result, the request for 12 sessions of therapy exceed the guideline recommendations and is not medically necessary.

EMG/NCV OF THE RIGHT UPPER EXTREMITY: 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): 272.

Decision rationale: According to the guidelines, an NCV or EMG is not recommended in diagnosis of nerve entrapment or screening in those without symptoms. An NCV is recommended for ulnar or wrist impingement after failure of conservative treatment. In this case, therapy and a brace were ordered. Failure of conservative therapy was not concluded. In addition, an EMG would not be indicated per the guidelines. As a result, the request for an EMG/ NCV is not medically necessary.