

Case Number:	CM14-0163353		
Date Assigned:	10/10/2014	Date of Injury:	09/04/2012
Decision Date:	01/02/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/03/2014

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. 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:

The patient is a 28 year old female with an injury date of 09/04/12. Based on the progress report dated 03/04/14, the patient complains of severe pain in the cervical spine, rated at 9/10, that radiates to the right upper extremity through to her hand. The pain is accompanied by paraesthesia and a burning sensation. Physical examination of the cervical spine, as per progress report dated 09/15/14, reveals tenderness to palpation with associated myospasms. Range of motion is restricted along with sensory deficit in right C7 and C8. Physical examination of the right shoulder reveals tenderness to palpation at the right trapezius accompanied by restricted range of motion and positive Hawkin's and Neer's tests. Physical examination of the right elbow and wrist shows pain with extension, decreased grip strength, and positive cubital tunnel syndrome. The patient underwent right ulnar nerve transposition surgery in January 2013, as per progress report dated 09/15/14. Medications include Tramadol and Naproxen, as per the same progress report. The patient also underwent cubital tunnel release on 01/15/14, as per QME report dated 02/03/14. The patient can return to work with restrictions, as per progress report dated 09/15/14. MRI of the right shoulder dated 06/16/14, as per QME report dated 10/13/14, revealed tendinopathy of the distal right supraspinatus and infraspinatus tendons. MRI of the right elbow dated 06/16/14, as per QME report dated 10/13/14, revealed mild degree of soft tissue swelling/edema at the level of the olecranon just posterior to the triceps insertion. The diagnosis dated 09/15/14 included cervical spine pain; cervical spine radiculopathy; cervical spine sprain/strain; right elbow ulnar nerve entrapment; right elbow pain; right elbow epicondylitis; right shoulder pain; and right shoulder sprain. The provider is requesting 8 physical therapy sessions for the right shoulder, elbow and wrist; EMG (electromyography) NCV (nerve conduction velocity) of the bilateral upper and lower extremities; and purchase of a

right tennis elbow brace. The utilization review determination being challenged is dated 09/29/14. Treatment reports were provided from 02/03/14 - 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions (twice a week for four weeks) for the right shoulder, elbow, and wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Shoulder Procedure Summary; Elbow Procedure Summary; Physical Therapy

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

Decision rationale: MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient underwent right ulnar nerve transposition surgery in January 2013, as per progress report dated 09/15/14, but is not within the post-operative time frame. In the same progress report, the provider says that the request for physical therapy is "to improve ranges of motion, to reduce pain, and for strengthening of her right shoulder, elbow and wrist." The available progress reports do not discuss prior therapy. The Utilization Review denial letter, however, states that "Previous physical therapy did provide benefit with improved range of motion." The denial letter does not discuss the date of prior therapy, the body parts involved, and the number of sessions the patient has received in the past. Since the provider's request for 8 sessions falls within the range specified by MTUS, this request is medically necessary.

EMG (Electromyography) / NCV (Nerve Conduction Velocity) of the Bilateral Upper and Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary, Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303, 260-262.

Decision rationale: For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." The Official Disability Guidelines under the foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "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. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient presents with pain in the cervical spine radiating to the upper extremities. Physical examination of the right shoulder reveals tenderness to palpation at the right trapezius accompanied by restricted range of motion and positive Hawkin's and Neer's tests. Physical examination of the right elbow and wrist shows pain with extension, decreased grip strength, and positive cubital tunnel syndrome. Review of the progress reports does not reveal prior EMG/NCV. In progress report dated 09/15/14, the provider states that the test would help "verify radicular complaints." While this may be true for the upper extremities, the progress reports fail to discuss subjective and objective findings associated with the lower extremities. The provider does not explain why an EMG/NCV test is required for the lower extremities. Therefore, this request is not medically necessary.

Purchase of a Right Tennis Elbow Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Elbow Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 20.

Decision rationale: ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 1, page 20 states: "Lateral Epicondylalgia (Lateral Epicondylitis): Lateral epicondylalgia (lateral epicondylitis) causes soreness, or pain on the outside (lateral) side of the upper arm near the elbow. There may be a partial tear of the tendon fibers, which connect muscle to bone, at or near their point of origin on the outside of the elbow. Initial Care: Comfort is often a patient's primary concern. In employment settings, where milder cases are more frequently seen, nonprescription analgesics may provide sufficient pain relief for most patients with acute and subacute elbow symptoms. Patients in clinical settings may be more severe and may require prescription analgesics as first line treatments. If the treatment response is inadequate, such that symptoms and activity limitations continue, prescribed pharmaceuticals, orthotics, or physical methods can be added. Conservative care often consists of activity modification using epicondylalgia supports (tennis elbow bands), and NSAIDs with standard precautions on potential side effects." In progress report dated 09/15/14, the provider states that "The patient also received incorrect type of brace for her right elbow." The provider is, therefore, re-requesting for a new right tennis elbow brace. There is a clear diagnosis of right elbow epicondylitis in this patient, and a tennis elbow brace is part of conservative care for this condition. Therefore, this request is medically necessary.