

<b>Case Number:</b>	CM14-0190953		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 male patient with the date of injury of August 22, 2014. A Utilization Review dated November 1, 2014 recommended non-certification of One Electromyogram (EMG) and Nerve Conduction Velocity (NCV) study of the upper extremities, 18 physical therapy sessions and unknown prescription of Tramadol and modification of 1 prescription of Naproxen Sodium 550mg #90 to 1 prescription of Naproxen Sodium 550mg #60. There is note that the patient was previously authorized 9 physical therapy visits. A Progress Report dated October 22, 2014 identifies Subjective Complaints of constant moderate achy, sharp, throbbing left wrist pain radiating to hand, digits with numbness. Objective findings identify some numbness around the laceration. He has significant stiffness in the left index finger at the IP and MP joints with minimal flexion. Left wrist is tender diffusely dorsally, and volar aspects of the wrists with diminished range of motion. Diagnoses identify left index finger laceration, left wrist sprain, rule out occult fracture, rule out carpal tunnel syndrome, and rule out nerve laceration. Treatment Plan identifies physical therapy two to three times per week for six weeks, EMG/NCV left upper extremity, and refill Naproxen and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 NVC/EMG of the upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography

**Decision rationale:** Regarding the request for one Electromyogram (EMG) and Nerve Conduction Velocity (NCV) of the upper extremities, Occupational Medicine Practice Guidelines state appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. ODG states electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Within the documentation available for review, there are no physical examination findings consistent with carpal tunnel syndrome. Additionally, the patient is not noted to be a possible surgical candidate. In the absence of such documentation, but currently requested one NCV/EMG of the upper extremities is not medically necessary.

**18 physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**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 18 physical therapy sessions, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of 6 physical therapy visits. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication that the patient has undergone the previously authorized physical therapy sessions. Furthermore, the request exceeds the amount of physical therapy recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for 18 physical therapy sessions is not medically necessary.

**1 prescription of Naproxen Sodium 550 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (acute)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

**Unknown prescription of Tramadol between 10/22/2014 and 12/28/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol), is not medically necessary.