

<b>Case Number:</b>	CM14-0198407		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, has a subspecialty in Pain Medicine 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 injured worker is a 60 year-old male with a date of injury of July 7, 2011. The patient's industrially related diagnoses include cervical spine degenerative disc disease, cervical spasms, left upper extremity radiculopathy, thoracic and lumbar spasms, mild biceps tendonitis, and status post left shoulder surgery on 4/9/2014. The injured worker had a left wrist ultrasound done on 3/20/2014. The disputed issues are bilateral upper extremities EMG/NCV, left wrist MRI, and resistance chair exercise and rehab system. A utilization review determination on 10/30/2014 had non-certified these requests. The stated rationale for the denial was: "There are illegible records which may contain reasons and indications for the wrist MRI and EMG/NCV studies. However, the rational and indications cannot be deciphered and absent this information approval cannot be given. The resistance chair system is an exercise machine. There is no valid scientific evidence which supports this device for treatment of musculoskeletal conditions. It is also not a medical device under the California Labor code. This is modified to 4 additional PT/OT sessions."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral upper extremities EMG/NCV:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for EMG/NCV of bilateral upper extremities, ACOEM Practice Guidelines state that the electromyography and nerve conduction velocities 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. ACOEM Guidelines Chapter 11 on pages 271-273 in Table 11-7 recommends nerve conduction studies for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms (D)." On page 261, the guidelines state, "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." Within the medical records available for review, the physician's progress notes on 10/15/2014 were illegible, making it difficult to determine whether the physical examination included a comprehensive neurologic testing of sensory, motor, and deep tendon reflexes or whether the documentation identified abnormalities on exam to warrant further investigation with electrodiagnostic testing. In the absence of such documentation, the medical necessity for EMG/NCV of bilateral upper extremities could not be established. Therefore, the request is not medically necessary.

**Left wrist MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand. Indications for imaging- MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand and Carpal Tunnel Syndrome Chapters

**Decision rationale:** Regarding the request for MRI of right wrist without contrast, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. More specifically, ODG notes that MRIs for carpal tunnel syndrome are not recommended in the absence of ambiguous electrodiagnostic studies. In general, they are supported in chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienbock's disease. Within the medical records available for review, the documentation was not clear in identifying a condition for which an MRI is supported as noted in the guidelines and another clear rationale for the use of MRI was not provided. In the absence of such documentation, the request for MRI of Right Wrist without contrast is not medically necessary.

**Resistance chair exercise and rehab system:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** Regarding the request for a resistance chair exercise and rehab system, the Chronic Pain Medical Treatment Guidelines do not have specific provision for home exercise equipment. ACOEM Practice Guidelines do support the use of aerobic activity to avoid deconditioning. However, guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the medical records available for review, there was documentation that the injured worker was doing physical therapy status post left shoulder surgery, but there was no indication that the injured worker has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested exercise equipment will improve the injured worker's ability to perform a home exercise program, or that he has been instructed in the appropriate use of such equipment to decrease the chance of further injury. In the absence of such documentation, the request for Resistance Chair Exercise and Rehabilitation System is not medically necessary.