

<b>Case Number:</b>	CM14-0200942		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal 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 (IW) is a 57-year-old woman with a date injury of October 7, 2014. The mechanism of injury occurred as a result of cumulative trauma. The injured worker's working diagnoses are headache syndrome; lateral epicondylitis; and derangement of joint, not otherwise specified of shoulder. Pursuant to the Initial Comprehensive Primary Treating Physician's Report and Request for Authorization dated October 23, 2014, the IW complains of bilateral hand pain, stiffness, and cramping in her fingers. She has difficulty holding on, gripping, or grasping objects. She attributes the pain from the repetitive nature of her job. Examination of the cervical spine reveals spasms in the paraspinal muscles. There is tenderness to palpation (TTP) of the paraspinal muscles. There were no sensory deficits. Range of motion (ROM) is restricted. The IW has no atrophy. Reflexes are normal. Orthopedic tests are normal. Examination of the bilateral elbows reveals left lateral TTP. ROM is normal. Special test are normal. Cranial nerves II-XII are intact. The treating physician is requesting authorization for physical therapy 3 times a week for 4 weeks to the hands, neck, and elbows; EMG/NCS bilateral upper extremities; and MRI of the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) sessions of (3 x 4) physical therapy for the hands, neck and elbows:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions of physical therapy three times per week for four weeks to the hands, neck and elbows are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing physical therapy). The Official Disability Guidelines to enumerate the frequency and duration of physical therapy with respect to the neck, hands and elbows. See guideline for details. In this case, the injured worker's working diagnoses are headache syndrome; lateral epicondylitis; and derangement of shoulder not otherwise specified. The guidelines recommend six sessions of physical therapy with a formal assessment to determine if additional physical therapy is appropriate. The treating physician requested 12 sessions of physical therapy. The treating physician's request does not follow the recommendations pursuant to the Official Disability Guidelines. Consequently, absent the appropriate documentation to support 12 physical therapy sessions, 12 sessions of physical therapy three times per week for four weeks to the hands, neck and elbows are not medically necessary.

**EMG/NCS, bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, electromyography (EMG) and nerve conduction studies (NCS) sections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Forearm, Wrist and Hand Section, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/nerve conduction studies bilateral upper extremities are not medically necessary. Electrodiagnostic studies are recommended after closed fractures of the distal radius and almost if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or nerve trauma. In this case, the injured workers working diagnoses or headache syndrome; lateral epicondylitis; and derangement of shoulder not otherwise specified. In this case, the injured worker first saw the treating physician on October 23, 2014. There has been no conservative treatment to date and the treating physician is currently recommending a course of physical therapy. Conservative treatment including physical therapy should be assessed prior to an advanced diagnostic workup/testing with EMG/NCV. Consequently, absent the appropriate clinical workup with conservative treatment, EMG/nerve conduction studies bilateral upper extremities are not medically necessary.

**MRI of the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI evaluation of the neck is not medically necessary. Most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. See the ACOEM guidelines for details. The Official Disability Guidelines enumerate the indications for magnetic resonance imaging of the neck. In this case, the injured workers working diagnoses or headache syndrome; lateral epicondylitis; and derangement of shoulder not otherwise specified. In this case, the injured worker first saw the treating physician on October 23, 2014. The injured worker has not had any conservative treatment to date and is currently awaiting authorization for physical therapy. The response to conservative treatment should be measured prior to consideration of any advanced diagnostic workup (i.e. MRI cervical spine). Consequently, absent the appropriate conservative measures/treatment, MRI evaluation of the neck is not medically necessary.