

Case Number:	CM14-0202765		
Date Assigned:	12/15/2014	Date of Injury:	12/31/2012
Decision Date:	02/06/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/04/2014

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 Interventional spine 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 52 year-old female with a 12/31/2012 date of injury. According to the 9/23/14 orthopedic report, the patient presents with neck and bilateral thumb pain. The orthopedist reviewed the 12/12/12 EMG/NCV study that showed abnormalities with moderate right median nerve compression, mild left and active right C6 denervation. The orthopedist states the prior electro diagnostic study is not consistent with the current physical examination and requests that it be repeated at a different facility for clarification. The orthopedist was not able to identify carpal tunnel syndrome nor C6 radiculopathy on examination, and felt condition was more consistent with left and right CMC arthritis with cervical disc bulging. There is also a request for physical therapy for the cervical spine x 4 sessions, but the medical report that requests the therapy was not available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178-261.

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

Decision rationale: The request is for EMG/NCV of the bilateral upper extremities. The patient is a 52 year-old female who was injured on 12/31/12. She had prior EMG/NCV on 12/12/2012 showing bilateral CTS and right C6 denervation. She had a QME evaluation on 11/4/13, and was recommended for carpal tunnel surgery. On 9/23/14, she had a consultation with an orthopedist who did not see clinical signs of C6 radiculopathy nor carpal tunnel syndrome. The orthopedist requested updated EMG/NCV studies with a different facility to clarify the diagnoses. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electro diagnostic 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. The request for the EMG/NCV meets the MTUS/ACOEM criteria. The orthopedist has provided his rationale for repeating the study that was done 2-years prior. The request for the EMG/NCV of the bilateral upper extremities is medically necessary.

Physical Therapy for the cervical spine for four sessions: Upheld

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

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

Decision rationale: This request is for physical therapy for the cervical spine, x4. The medical report that requests or discusses PT for the cervical spine x4 was not provided for review. There is a handwritten prescription for PT 2x4 dated 5/13/14, but the 5/13/14 narrative report does not details on how PT is helping. The utilization review letter makes reference to a PT note from 12/17/13 indicating the patient has already had 18 sessions of PT. MTUS Chronic Pain Medical Treatment Guidelines, pages 98-99 for Physical Medicine states that for various myalgias or neuralgias 8-10 sessions of PT are appropriate. The patient has apparently exceeded the MTUS guidelines and the available records did not document functional improvement. The request for Physical Therapy for the cervical spine for four sessions is not medically necessary.