

<b>Case Number:</b>	CM14-0202890		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 42 year old female was injured 8/13/14 and reported injury to her right hand involving the right index, middle and ring fingers while working as a customer service representative. After the reported injury she received a cortisone injection involving the region of the right middle finger. After the injection she experienced significant pain in the right hand. She had limited amount of time for physical therapy which included paraffin wax treatments and electrical stimulation. The past significant medical history included de Quervain syndrome in 2012 which was treated with therapy and anti-inflammatory injection. On physical exam there was pain directly over the A 1 pulley region especially of her right middle finger where a small mass or thickening was felt. She experienced pain in the middle finger when her PIP joint was extended. She exhibited a positive Phalen test for right median nerve compression. Radiographs of the right hand (10/14/14) were interpreted as normal. Her diagnoses include right middle finger flexor tenovaginitis and possible early right index and ring finger trigger. Her medications include Tramadol and Tylenol. There is no documentation of number of occupational therapy visits completed or the outcome of the visits. There was no indication of functional capacity. She remains temporarily totally disabled (11/11/14). On 11/17/14 Utilization Review non-certified a request for additional occupational therapy (OT) x8-12 based on unclear documentation regarding requested visits. ODG allows for a total of 9 visits so 7 are approved but it is not clear if 8 or 12 visits are being requested and the remaining quantity cannot be approved. The electromyography/ nerve conduction study (EMG/NCS) of the right upper extremity was non-certified based on not failing OT. The remaining rational was incomplete in the document submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Occupational therapy (x1-5): Upheld**

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

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

**Decision rationale:** Additional OT (x1-5) is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends a fading of treatment frequency towards an independent home exercise program. The documentation is not clear on the outcome of prior therapy and the exact number in total that the patient has had of therapy. The request as written is not clear on the quantity requested. Without clarification of prior quantity, requested quantity, and past efficacy of therapy the request for additional OT (x1-5) is not medically necessary.

**EMG/NCV Right upper extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258,160,263.

**Decision rationale:** EMG/NCV Right upper extremity is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that a positive Phalen sign is 55% sensitive and 45% specific. Combining tests may increase the positive predictive value. Several traditional findings of carpal tunnel syndrome (CTS) have limited specific diagnostic value. The various tests for CTS show a broad range of sensitivity, depending on the patient population. CTS does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. The documentation does not indicate multiple clinical tests or history of symptoms/signs consistent with carpal tunnel syndrome. There are not other physical exam findings that suggest another neuropathy or radiculopathy. The request for EMG/NCV of the right upper extremity is not medically necessary.