

<b>Case Number:</b>	CM14-0205455		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 patient with a date of injury of November 21, 1991. A progress report dated September 12, 2014 identifies subjective complaints of intermittent dull/sharp/burning in the right wrist/hand/forearm with swelling of all fingers and popping of the wrist. The patient also complains of right thumb numbness, weak grip strength, tingling/numbness of digits #2 and 3. Objective examination findings reveal "decreased dermatomes right C6," reduced grip strength on the right, reduced right upper extremity strength, and positive reverse Phalen's test and Finkelstein's tests. Diagnoses include right wrist sprain, right elbow sprain, right forearm contusion, and right upper extremity neuropathy. The treatment plan recommends "examination, x-rays right forearm/wrist." Additionally, chiropractic manipulative therapy is requested. A right forearm x-ray performed on September 2, 2014 is normal. A progress report dated September 8, 2014 identifies subjective complaints of worsening right forearm pain. He feels that his arm is weak and tired with numbness and tingling along the dorsal region of the forearm and weak hand grip. The treatment plan indicates that the patient was referred to physical therapy and indicates that the treating physician is "unsure as to whether the patient has some neurological process going on versus simply a fatigued and continues muscle." Work status notes indicate that the patient has been on restricted work. A progress report dated October 24, 2014 identifies subjective complaints indicating that the patient has had objective measurable gains with functional improvement. The note indicates that he is able to write with a pen/pencil and steer the wheel of a car without difficulty. Objective findings indicate that the grip strength has

improved significantly. The treatment plan recommends chiropractic care with an emphasis on therapeutic exercise.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6 Chiropractic sessions, 2 x week for 3 weeks- Right Wrist, Right Elbow, Right Forearm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60 OF 127.

**Decision rationale:** Regarding the request for additional chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear how many chiropractic sessions the patient has already undergone. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

#### **EMG/NCV Right upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th Edition (web), Carpal Tunnel Syndrome, Electromyography (EMG)

**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 EMG/NCV of the right upper extremity, Occupational Medicine 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. Within the documentation available for review, it appears the patient has gotten substantially better from previous physical therapy and chiropractic care. It is unclear why electrodiagnostic workup would be indicated at the present time. There is no statement indicating

what medical decision-making will be based upon the outcome of this study, in light of the patients recent improvement As such, the currently requested EMG/NCV of the right upper extremity is not medically necessary.