

<b>Case Number:</b>	CM14-0208193		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 and Rehabilitation, 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:

This is a patient with a date of injury of 7/1/13. A utilization review determination dated 11/12/14 recommends non-certification/modification of PT, MRIs, and EMG/NCVs. 11/3/14 medical report is somewhat illegible, but appears to describe pain in the low back and right elbow. On exam, there is limited ROM, positive SLR bilaterally, right elbow tenderness, and positive Phalen's and Tinel's at the wrist. 3/20/14 medical report notes that the patient has bilateral wrist carpal tunnel syndrome with 12/27/06 EMG/NCS consistent with that diagnosis, unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right elbow, right wrist, and lumbar spine, twice weekly for six weeks:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an

extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

**MRI of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Within the documentation available for review, there is no identification of any red flags or objective findings that identify specific nerve compromise on the neurologic exam. In the absence of such documentation, the currently requested lumbar MRI is not medically necessary.

**MRI of the right elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-4.

**Decision rationale:** Regarding the request for MRI of the elbow, California MTUS notes that MRI is recommended for suspected ulnar collateral ligament tears, but not recommended for suspected epicondylalgia. Within the documentation available for review, there is no documentation of any red flags and symptoms/findings suggestive of a condition for which MRI would be indicated. In light of the above issues, the currently requested MRI of the elbow is not medically necessary.

**EMG/NCV of the bilateral upper extremities:** 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): 261.

**Decision rationale:** Regarding the request for EMG/NCV of bilateral upper extremities, Occupational Medicine Practice Guidelines state that 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. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Within the documentation available for review, the patient apparently has a previous diagnosis of carpal tunnel syndrome confirmed by electrodiagnostic testing. Currently, no symptoms of this condition are noted and no rationale for repeating electrodiagnostic testing is provided. In the absence of such documentation, the currently requested EMG of bilateral upper extremities is not medically necessary.

**EMG/NCV of the bilateral lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Additionally, if such findings are present but have not been documented, there is no documentation that the patient has failed conservative treatment directed towards these complaints. Furthermore, there is no clear indication for NCV testing in the absence of any symptoms/findings suggestive of peripheral neuropathy. In light of the above issues, the currently requested EMG/NCV of the lower extremities is not medically necessary.