

Case Number:	CM14-0045073		
Date Assigned:	07/02/2014	Date of Injury:	03/15/2012
Decision Date:	02/24/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 35 year old female sustained a work related injury on 03/15/2012. The mechanism of injury was not made known. A follow up consultation/request for treatment was submitted for review and was dated 03/13/2014. According to the report, the injured worker was status post right shoulder surgery on 01/06/2014. Right shoulder pain was rated 6 on a scale of 0-10. Postoperative physical therapy of the right shoulder facilitated diminution in pain and improved range of motion according to the provider. Cervical pain was rated a 5. The injured worker was status post right carpal tunnel release in January 2013 and status post remote left cubital tunnel release. Operative reports were not submitted for review. Bilateral wrist/hand pain was rated a 6. TENS was noted to be efficacious previously at physical therapy. Maintenance of activities of daily living with medication regimen at current dosing included grocery shopping, very basic necessary household duties, bathing, grooming and preparation of food/cooking and facilitated maintenance of recommended exercise as well as reasonable activity level and greater range of motion. Objective findings included tenderness to the right shoulder with no signs of infection and improved range of motion. There was deconditioning of the right deltoid musculature. Bilateral wrist/hand exam was noted as essentially unchanged. Spasm of the cervical trapezius/deltoid tie-in less pronounced. Diagnoses included status post right shoulder surgery 01/06/2014, cervical pain with cervicogenic headache and status post bilateral carpal tunnel release. Plan of care included postoperative physical therapy of the right shoulder 2 x week for 4 weeks, physical therapy of the bilateral wrists/hands 3 x weeks for 4 weeks, EMG/NCV of the bilateral upper extremities and TENS 30 day trial period. On 03/27/2014, Utilization Review non-

certified physical therapy for bilateral wrist/hands 3 x4, EMG/NCV(Electromyography/Nerve Conduction Velocity) for bilateral upper extremities and TENS unit 30 day trial and approved post-op physical therapy for the right shoulder 2 x 4. According to the Utilization Review physician in regards to the additional physical therapy for bilateral wrist/hands, the injured worker's left carpal tunnel release was done 13 months ago. No detailed wrist exam (range of motion and strength) was provided and therefore, did not meet guidelines. In regards to EMG/NCV of the bilateral upper extremities, the exam showed no red flag signs relative to the cervical spine or the bilateral upper extremities. The injured worker had no signs of peripheral nerve entrapment as no peripheral neuropathy testing was documented. Treatment plans for the EMG test, based on the results, was not provided. In regards to the TENS unit 30 day trial, there was no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues. Guidelines referenced for this review included Official Disability Guidelines Electrodiagnostic testing, CA MTUS Transcutaneous Electrotherapy and CA MTUS Carpal Tunnel Syndrome Postsurgical Treatment. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for bilateral wrist / hands 3 x 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wrist pain/Therapy

Decision rationale: According to the guidelines, post-operative physical therapy for carpal tunnel is recommended for up to 16 visits. In this case, the claimant had previously completed an unknown amount of prior post-op therapy visits. In addition, the response to treatment and inability to perform home exercises is not substantiated. The request for 12 additional hand therapy visits is not medically necessary.

EMG / NCV for bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, an EMG/NCV is not recommended for diagnostic evaluation of nerve entrapment. An NCV is recommended for median or ulnar impingement at the wrist. In this case, the claimant had known carpal tunnel syndrome with surgical release. An EMG/NCV would not provide additional information that would change plan of care or intervention. The request is not medically necessary.

TENS unit 30 day trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The request for a TENS unit is not medically necessary.