

<b>Case Number:</b>	CM15-0005813		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/01/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31 year old female with an industrial injury dated 09/01/2012. A report dated 09/30/2014 is available for review. The injured worker was complaining of pain in both shoulders radiating down to hands and both wrists. She describes the pain as constant and dull pain. Sensory exam showed decreased sensation to all of the fingers of the right hand to light touch. Prior treatments include medications acupuncture and shock wave treatments. Diagnostics include MRI of bilateral wrists and bilateral shoulders and electro diagnostic studies. MRI reports are not in the submitted records. Nerve conduction study dated 02/26/2014 is present in the submitted records. Diagnostic impression was biceps tendinitis, bilateral shoulders; medial and lateral epicondylitis, right elbow; bilateral carpal tunnel syndrome and bilateral de Quervain tenosynovitis. On 12/03/2014 Utilization Review non-certified the request for work conditioning times 12 sessions noting the records do not provide evidence that the claimant has received and adequate trial of physical or occupational therapy. MTUS Guidelines were cited. The request for bilateral upper extremity EMG/NCS (electro diagnostic studies) was also noncertified noting the claimant has undergone prior EMG testing and there is no report of interval change in the claimant's condition to warrant a repeat of this procedure. ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning x12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning work hardening Page(s): 124 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines P 125, Chronic pain treatment guidelines 7/18/09 "Work conditioning, work hardening Page(s): Pag.

**Decision rationale:** The requested Work Conditioning x12 sessions, is not medically necessary. Page 125, Chronic pain treatment guidelines 7/18/09 "Work conditioning, work hardening note that work conditioning is recommended only with satisfaction of multiple criteria, including non-surgical candidacy, a specific return to work goal, specific job demands, demonstrated functional limitations, documented on-the-job training. The injured worker has pain in both shoulders radiating down to hands and both wrists. She describes the pain as constant and dull pain. Sensory exam showed decreased sensation to all of the fingers of the right hand to light touch. The treating physician has not documented the afore-mentioned criteria. The criteria noted above not having been met, Work Conditioning x12 sessions is not medically necessary.

**EMG/NCS (BUE) bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): page 177-179 and Pages 268-269, 272-273.

**Decision rationale:** The requested EMG/NCS (BUE) bilateral upper extremities, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note 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 who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "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 who 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. The injured worker has pain in both shoulders radiating down to hands and both wrists. She describes the pain as constant and dull pain. Sensory exam showed decreased sensation to all of the fingers of the right hand to light touch. The treating physician has not documented an acute clinical change since the previous electrodiagnostic study. The

criteria noted above not having been met, EMG/NCS (BUE) bilateral upper extremities is not medically necessary.