

<b>Case Number:</b>	CM15-0104370		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Preventive Medicine, Occupational 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 25 year old male, who sustained an industrial injury on 10/16/2014. He reported injuring his right arm, right elbow, right wrist, right hand, right thumb, and fingers while using a high power water hose. The injured worker is currently off work. The injured worker is currently diagnosed as having tension headache, rule out right elbow internal derangement, rule out right carpal tunnel syndrome, rule out right wrist internal derangement, right hand tenosynovitis, and anxiety. Treatment and diagnostics to date has included right hand MRI, which showed complete tear of the abductor pollicis brevis and extensor pollicis longus tendon with associated soft tissue swelling and ulnar collateral ligament tear, wound care, occupational therapy, and medications. In a progress note dated 04/29/2015, the injured worker presented with complaints of headache, right elbow, right wrist, right hand, right arm, and right thumb pain, stress pain, dental pain, and anxiety. Objective findings include decreased right elbow, right wrist, and right hand range of motion with pain and muscle spasms. The treating physician reported requesting authorization for electromyography/nerve conduction velocity studies of the right upper extremity, urinalysis, acupuncture, and physiotherapy. He has completed 12 sessions of post operative physical therapy and has 6 sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV/EMG for right elbow, right arm, right thumb finger and right hand:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** MTUS Guidelines support the use of electrodiagnostic studies when neurological symptoms persist for several weeks. This individual qualifies due to continued symptoms, which include numbness and physical exam findings consistent with peripheral nerve damage. It is unclear why this was not requested as upper extremity electrodiagnostic testing versus separating out the various extremity parts as the testing is essentially the same. The request for NCV/EMG for right elbow, right arm, right thumb finger and right hand is supported by Guidelines and is medically necessary.

**Urine analysis testing:** 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 Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Urine Drug testing.

**Decision rationale:** Guidelines support medically reasonable urine drug screens when opioids are being utilized on a continuing basis. In addition, the Guidelines state that it is essential and questionnaire screening for risk of misuse should be performed as an initial step. This has not been done. In addition, the ODG Guidelines recommend only POS immunology screening for common misused illegal drugs and the request is not specific regarding the type of screening requested. Under these circumstances i.e. incomplete risk assessment and unknown type of testing, the request is not supported by Guidelines. The urine analysis testing is not medically necessary and appropriate.

**Acupuncture 1 x 6 for right elbow, right wrist, right arm, right thumb finger and right hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS Guidelines recommend a trial of 3-6 sessions of acupuncture as adequate for most problems. This individual has completed 6 sessions of acupuncture and there are no specific gains in function or pain due to the acupuncture. There are no unusual circumstances to justify an exception to Guideline recommendations. The request for additional

acupuncture; Acupuncture 1 x 6 for right elbow, right wrist, right arm, right thumb finger and right hand is not supported by Guidelines and is not medically necessary.

**Physiotherapy 1 x 6 for right elbow, right wrist, right arm, right thumb finger and right hand:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20, 21.

**Decision rationale:** Although it is not completely clear what the exact surgical procedures were from the records sent for review, it is clear that there were several tendon detachments and collateral ligament disruption. Guidelines recommend up to 18 post-operative therapy sessions for these types of injuries. There is documentation that 12 sessions have been completed and the request for an additional 6 sessions is supported by Guidelines. The Physiotherapy 1 x 6 for right elbow, right wrist, right arm, right thumb finger and right hand is medically necessary and appropriate.