

Case Number:	CM15-0105977		
Date Assigned:	06/10/2015	Date of Injury:	05/25/2010
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 40-year-old male who reported an industrial injury on 5/25/2010. His diagnoses, and/or impressions, are noted to include left wrist/hand; left wrist surgery; chronic pain syndrome; cervical spine strain; and left knee strain. No current imaging studies are noted. His treatments have included physical therapy; medication management and rest from work. The progress notes of 5/6/2015 reported the continuation of left wrist pain that is helped by physical therapy to manage his pain and increase his mobility. Objective findings were noted to include tenderness to the left wrist with intact sensation. The physician's requests for treatments were noted to include an electromyogram of the upper extremity; magnetic resonance imaging studies of the left wrist; and Pens-stimulation of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work-related injury in May 2010 and continues to be treated for left wrist pain. When seen, there was allodynia with stiffness. There was decreased and painful range of motion and decreased strength. There had been no improvement with gabapentin. Prior surgeries have included a DeQuervain's tenosynovectomy and carpal tunnel release done in August 2014 with both surgeries followed by post-operative physical therapy. Upper extremity electro diagnostic testing was previously done in October 2012 and May 2014. Electro diagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of ongoing peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining repeat upper extremity EMG testing at this time. Therefore, this request is not medically necessary.

Physical therapy 1 time a week for 8 weeks, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The claimant sustained a work-related injury in May 2010 and continues to be treated for left wrist pain. When seen, there was allodynia with stiffness. There was decreased and painful range of motion and decreased strength. There had been no improvement with gabapentin. Prior surgeries have included a DeQuervain's tenosynovectomy and carpal tunnel release done in August 2014 with both surgeries followed by post-operative physical therapy. Upper extremity electro diagnostic testing was previously done in October 2012 and May 2014. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks with a post-operative period of three months. In this case, the claimant's surgery appears uncomplicated. The number of treatments is in excess of guideline recommendations. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. It was therefore not medically necessary.

Pens (P-Stim) 4x/30 days left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PENS Page(s): 97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Percutaneous electrical nerve stimulation (PENS).

Decision rationale: The claimant sustained a work-related injury in May 2010 and continues to be treated for left wrist pain. When seen, there was allodynia with stiffness. There was decreased and painful range of motion and decreased strength. There had been no improvement with gabapentin. Prior surgeries have included a DeQuervain's tenosynovectomy and carpal tunnel release done in August 2014 with both surgeries followed by post-operative physical therapy. Upper extremity electro diagnostic testing was previously done in October 2012 and May 2014. Percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. It is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation, for example, scar tissue. In this case there is no documented failure of TENS and therefore the requested percutaneous electrical peripheral nerve stimulation treatments are not medically necessary.