

<b>Case Number:</b>	CM15-0108671		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	07/16/2002
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old female, who sustained an industrial injury on July 16, 2002, incurring left hand and wrist injuries secondary to repetitive motions of reaching, twisting and lifting. She was diagnosed with carpal tunnel syndrome and underwent left carpal tunnel release surgery in 2002. Treatment included physical therapy, pain medications, hot packs, massage, and rest and work modifications. Currently, the injured worker complained of pain in her left hand with numbness and limited range of motion. The treatment plan that was requested for authorization included Electromyography/Nerve Conduction Velocity studies of the bilateral upper extremities, Magnetic Resonance Imaging of bilateral elbows, eighteen occupational therapy sessions, retrospective request for one x ray of the right elbow on date of service of April 6, 2015, and retrospective request of one x ray of the right hand and wrist and left hand and wrist on date of service of April 6, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 EMG/NCV of the bilateral upper extremities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. In this case, the injured worker has known carpal tunnel status post release, and the rationale for bilateral studies is not clear. There is no mention of recent failure to conservative management and as such, this request cannot be supported at this time. The request is not medically necessary.

**1 MRI of bilateral elbows:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-4, 42.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

**Decision rationale:** According to the California MTUS, MRIs of the elbow can be indicated in situations where there is suspected ulnar collateral ligament tear, but they are not recommended for epicondylalgia. There is no mention of why an MRI would be useful in terms of guiding future management, nor is there mention of possible ligament tear or injury. Examination was unremarkable for ligament damage. As such this request is not medically necessary.

**18 occupational therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy (PT), Physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical or occupational therapy for various myalgias or neuralgias. The request as submitted exceeds guideline recommendations and cannot be supported. The request is not medically necessary.

**Retrospective request: 1 X-ray of the right elbow with 2 views (DOS: 4/6/2015):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17, 33, 42.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand and Wrist and Forearm, X-rays.

**Decision rationale:** According to the ODG, wrist or elbow radiographs are indicated in cases of acute traumatic pain or chronic pain. The injured worker has chronic wrist and hand pain in the setting of previous carpal tunnel release. There are no red flags noted on examination of the elbow and as such, medical necessity is not substantiated. The request is not medically necessary.

**Retrospective request: 1 X-ray of the left elbow with 2 views (DOS: 4/6/2015):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17, 33, 42.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand and Wrist and Forearm, X-rays.

**Decision rationale:** According to the ODG, wrist or elbow radiographs are indicated in cases of acute traumatic pain or chronic pain. The injured worker has chronic wrist and hand pain in the setting of previous carpal tunnel release. There are no red flags noted on examination of the elbow and as such, medical necessity is not substantiated. The request is not medically necessary.

**Retrospective request: 1 X-ray of the right hand and wrist with 2 views (DOS: 4/6/2015):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-9.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand and Wrist, X-rays.

**Decision rationale:** According to the ODG, wrist or elbow radiographs are indicated in cases of acute traumatic pain or chronic pain. The injured worker has chronic wrist and hand complaints, in the setting of previous carpal tunnel surgery, on the left. It is not clear why the right side needs an X-ray. Medical necessity has not been substantiated. The request is not medically necessary.

**Retrospective request: 1 X-ray of the left hand and wrist with 2 views (DOS: 4/6/2015):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-9.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hand and Wrist, X-rays.

**Decision rationale:** According to the ODG, wrist or elbow radiographs are indicated in cases of acute traumatic pain or chronic pain. The injured worker has chronic wrist and hand complaints, in the setting of previous carpal tunnel surgery. X-rays would guide future management. Medical necessity has been established. The request is medically necessary.