MAXIMUS Federal Services

Case Number:	CM15-0138366		
Date Assigned:	07/28/2015	Date of Injury:	08/24/2009
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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:

This is a 52 year old female with an August 24, 2009 date of injury. A progress note dated June 17, 2015 documents subjective complaints (pain in right wrist and right elbow), objective findings (tenderness to palpation noted over the common extensor origin distal to the right of the lateral epicondyle; tenderness of the right thenar eminence; right tennis elbow testing abnormal; right Phalen's and carpal compression abnormal), and current diagnoses (right lateral epicondylitis; De Quervain's tenosynovitis; carpal tunnel syndrome). Treatments to date have included hand therapy that helped, elbow splinting, and medications. The treating physician documented a plan of care that included six sessions of occupational hand therapy and electromyogram / nerve conduction velocity studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of occupational hand therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical medicine Page(s): 283-288. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As per MTUS Chronic pain guidelines physical/occupational therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior therapy sessions (Total number was not documented) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional therapy sessions are necessary. Documentation also notes that patient has hand therapy sessions already approved. Guidelines recommend 6 sessions with additional sessions recommended only with documentation of objective benefit up to a maximum of 10 sessions. Documentation fails to support additional OT sessions. Additional 6 occupation therapy sessions are not medically necessary.

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266-269, 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment and only with failure of conservative care. Patient has no left arm symptoms documented. Patient still has ongoing occupational therapy ongoing. NCV is not medically necessary. NCV is not medically necessary. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.