

Case Number:	CM15-0149579		
Date Assigned:	08/12/2015	Date of Injury:	04/05/2012
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 42 year old female who sustained an industrial injury dating from 4-5-11 to 4-5-12. Her history indicates that she first reported symptoms involving neck and right shoulder pain in 2002. She was referred for medical treatment and placed on modified duty. The May 2015 report of occupational injury or illness indicates that she noticed "progressive worsening of her right shoulder pain", which was reduced by the addition of ergonomic equipment. When the ergonomic equipment was no longer available, she noticed a gradual increase in symptoms. The report states that "approximately 2010", she noted the onset of symptoms of both forearms, wrist, hand pain, as well as increasing left shoulder pain and sleep disturbance due to repetitive movements at work. She indicated that over the next two years, the pain in both hands and wrists "worsened and became more constant". In 2012, she noticed symptoms of mid and low back pain, as well as increasing bilateral wrist and hand pain. She was referred back for medical treatment and was referred to physical therapy. Diagnostic testing revealed bilateral carpal tunnel syndrome. In 2014, she was referred to a hand specialist, who recommended surgery. Bilateral carpal tunnel release was completed on 12-16-14. Post-operative physical therapy was recommended. In the May 2015 report, she requested evaluation and treatment for her neck, mid and lower back, both shoulders, and both elbows. Her diagnoses included cervical spine musculoligamentous sprain, strain, bilateral shoulder strain with impingement, bursitis, and tendinitis, bilateral elbow medial and lateral epicondylitis with probable carpal tunnel syndrome bilaterally, bilateral forearm flexor and extensor tenosynovitis, bilateral de Quervain's syndrome, status-post bilateral wrist carpal tunnel release, and history of

complaints of insomnia secondary to chronic pain and physical limitations. The treatment plan was a sleep consultation due to insomnia, EMG-nerve conduction velocity studies of the bilateral upper extremities to assess for cubital tunnel syndrome versus carpal tunnel syndrome, and chiropractic manipulation to decrease pain and spasm, increase range of motion, and develop a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 38 Forearm chapter and pg 18.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In cases of the forearm, EMG/NCV is recommended in cases of a fracture. In this case, the claimant carpal tunnel syndrome and epicondylitis. There is no indication of inconsistencies in exam that require and EMG/NCV. The request is not medically necessary.

Chiropractor for the bilateral elbow/forearm, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual medicine Page(s): 58.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines - a. Time to produce effect: 4 to 6 treatments. In this case, it was requested for the elbow and forearm. Since the anatomic location is not recommended by the guidelines, the request for 12 chiropractor sessions is not medically necessary.

