MAXIMUS Federal Services

Case Number:	CM15-0164135		
Date Assigned:	09/01/2015	Date of Injury:	03/04/2014
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York
Certification(s)/Specialty: Internal 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 58-year-old female, who sustained an industrial injury on 3-4-2014. She reported pain in her bilateral wrists and hands. Diagnoses have included left wrist carpal tunnel syndrome and bilateral hand-wrist derangement. Treatment to date has included physical therapy, cortisone injections, carpal tunnel surgery, physical therapy and medication. According to the progress report dated 6-1-2015, the injured worker complained of pain in the bilateral wrists and hands. She rated the pain as seven out of ten at rest and ten out of ten with activity. She reported that the pain was associated with weakness, numbness, tingling, giving way and swelling. Physical exam revealed tenderness over the palmar aspect of the wrists. Phalen's sign was positive. Tinel's sign was positive with tenderness over the median nerve distribution. Range of motion was restricted due to pain. Authorization was requested for electromyography (EMG)-nerve conduction velocity (NCV) of the bilateral upper extremities, physiotherapy three times a week for four weeks for the bilateral hands and consultation with a hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Elelctromyogram), bilateral upper extermity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179.

Decision rationale: The request for diagnostic test EMG/NCV; bilateral upper extremities is medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines further state that nerve conduction studies are 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. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case the patient is status post bilateral carpal tunnel releases and has continued pain and numbness despite medical therapy, splinting and physical therapy. Medical necessity for the requested studies is established. The requested studies are medically necessary.

NCV (nerve conduction velocity) bilateral upper extermity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179.

Decision rationale: The request for diagnostic test EMG/NCV; bilateral upper extremities is medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines further state that nerve conduction studies are 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. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the patient is status post bilateral carpal tunnel releases and has continued pain and numbness despite medical therapy, splinting and physical therapy. Medical necessity for the requested studies is established. The requested studies are medically necessary.

Physio therapy 3 times a week for 4 weeks, bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assisting devices. In this case, the patient has completed physical therapy sessions post-operatively but the number of sessions completed was not documented. There is no documentation indicating that there was a defined functional improvement in her condition. There is no specific indication for the requested additional PT sessions. Medical necessity for the requested service has not been established. The requested item is not medically necessary.