

Case Number:	CM15-0182654		
Date Assigned:	09/30/2015	Date of Injury:	05/11/2011
Decision Date:	11/12/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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:

This injured worker is a 65 year old female who reported an industrial injury on 5-11-2011. Her diagnoses, and or impressions, were noted to include: sprain of carpal joint of wrist; status-post right wrist-hand "TFC" repair and ganglion cyst excision surgery on 4-24-2015; and pain in limb. No current imaging studies were noted. His treatments were noted to include: custom orthoses for elbow, wrist-hand, with orthotic training (5-2015); splints; 12 sessions of occupational therapy; medication management; and rest from work. The progress notes of 5-26-2015 reported a 4.5 week post-operative follow up visit with complaints of some soreness in the ulnar aspect of the right wrist; and that she continued to use her long arm splint. The objective findings were noted to include: a well-healed incision without infection; mild swelling and tenderness at the surgical site; full range of motion in all digits right hand; and intact sensory and motor examination; and that status-post surgery, she was doing well. The physician's requests for treatment were noted to include that she would begin therapy 3 x a week for 4 weeks. The progress notes of 7-14-2015 reported a 2.5 month post-operative visit; that she continued therapy on the right; that she had persistent mild and intermittent pain in the ulnar aspect of the wrist and could not tell if her activity level had improved; there was mild-moderate tenderness at the dorsal aspect-scar of the right wrist with marked limitation of range-of-motion; and marked discomfort with supination and pronation of the extremity; and the impression was for post-debridement right wrist with unacceptable stiffness in regards to wrist flexion. The requested treatment was noted to include continued therapy. The progress notes of 8-18-2015 noted the request for electrodiagnostic testing of the upper extremities. The Request for Authorization (RFA), dated

7-15-2015 was noted to include a continuation of occupational therapy, 3 x a week for 4 weeks; without mention of electromyography or nerve conduction velocity studies. No RFA was noted for the electrodiagnostic testing of the upper extremities. The Utilization Review of 8-28-2015 non-certified the request for electromyography (EMG) and nerve conduction velocity (NCS) for the bilateral upper extremities; and occupational therapy 3 x a week for 4 weeks, for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG and NCV for the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter under EMG.

Decision rationale: The patient presents with pain in the right wrist. The request is for EMG AND NCV OF THE BILATERAL UPPER EXTREMITIES. Patient is status post arthroscopic TFC repair right wrist, 04/24/15. Physical examination to the right wrist on 7/14/15 revealed tenderness to palpation at the surgical dorsal aspect of the right wrist and over the dorsal aspect of the right wrist overlaying the scar. Range of motion was noted to be limited. Patient's diagnosis, per 07/15/15 Request for Authorization form includes sprain and strain of carpal tunnel joint of wrist and ganglion of joint. Patient's medication, per 06/10/15 progress report includes Ibuprofen. Patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter under EMG states recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary. In progress report dated 08/18/15, the treater is requesting electrodiagnostic testing of bilateral upper extremities as soon as possible. Review of the medical records provided did not indicate prior electrodiagnostic testing. Patient is status post arthroscopic TFC repair right wrist, 04/24/15. Physical examination to the right wrist/hand on 08/18/15 revealed full supination and pronation, full range of motion in all digits of the right hand and a negative Tinel's test at the median/ulnar nerve of the right wrist. The ACOEM and ODG guidelines recommend EMG/NCV tests for patients with carpal tunnel syndrome to differentiate other conditions such as cervical radiculopathy or in patients who may be candidates for surgery. In this case, the patient is not diagnosed with carpal tunnel syndrome, there are no indications of cervical radicular pain,

subjective or objective, and there are no indications that the patient is considering carpal tunnel surgery. This request is not in accordance with guideline indications and therefore, IS NOT medically necessary.

Occupational therapy 3x4 right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: The patient presents with pain in the right wrist. The request is for OCCUPATIONAL THERAPY 3x4 RIGHT WRIST. Patient is status post arthroscopic TFC repair right wrist, 04/24/15. Physical examination to the right wrist on 7/14/15 revealed tenderness to palpation at the surgical dorsal aspect of the right wrist and over the dorsal aspect of the right wrist overlaying the scar. Range of motion was noted to be limited. Patient's diagnosis, per 07/15/15 Request for Authorization form includes sprain and strain of carpal tunnel joint of wrist and ganglion of joint. Patient's medication, per 06/10/15 progress report includes Ibuprofen. Patient is temporarily totally disabled. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." MTUS Postsurgical Guides, Carpal Tunnel Syndrome, page 15 states: Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS (complex regional pain syndrome) I instead of CTS) Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. The treater has not specifically addressed this request. The patient is status post arthroscopic TFC repair right wrist, 04/24/15. Review of the medical records provided indicate that the patient has completed 16 sessions of post-operative physical therapy, from 05/05/15 through 08/12/15. However, the treater has not documented why additional therapy is needed and why the patient cannot transition into a home exercise program. Furthermore, the patient is not within postoperative time frame for therapy and has had adequate therapy for the right wrist. Additionally, the current request for 12 sessions of therapy, in addition to previous therapy sessions exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.

