

Case Number:	CM15-0187426		
Date Assigned:	09/29/2015	Date of Injury:	10/15/2014
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/23/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 22 year old female with a date of injury on 10-15-2014. The injured worker is undergoing treatment for carpal tunnel syndrome and strain of muscle and-or tendon of the wrist. Physician progress notes dated from 03-04-2015 to 08-18-2015 documents the injured worker's pain remains unchanged. She has left upper extremity pain particularly around her elbow and she has hands and fingers numbness with left grip loss. Her medications help her with her pain. (As of 03-04-2015 her medications included Methoderm, Omeprazole and Naproxen.) She has pain in her left arm, wrist and hand and it is associated with numbness in the left hand and fingers as well as weakness in the left wrist and hand. She rates her pain as 4-6 on a scale of 0 to 10. On examination she has a positive Phalen's sign on the left. Motor strength of her upper extremities is 5 out of 5. There is diminished sensation in the left C6 dermatome of the upper extremities. The injured worker is currently in school. Treatment to date has included diagnostic studies, medications, icing and use of a brace. On 09-04-2015 Utilization Review non-certified the request for EMG (Electromyography)/ NCS (Nerve Conduction Study) of the left upper extremity, and Occupational therapy/ hand therapy two times a week for five weeks for the left hand quantity: 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/ NCS (Nerve Conduction Study) of the left upper extremity:
Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS) and may help to distinguish CTS from other diagnoses such as cervical radiculopathy." In this case, there is documented evidence of a sensory neurologic deficit in the C6 dermatome and findings consistent with carpal tunnel syndrome (a positive Phalen's sign) in the cited records from 8/18/15. In this case, a NCS/EMG of the left upper extremity would be useful in distinguishing the origin of the injured worker's symptoms. Therefore, the request is medically necessary.

Occupational therapy/ hand therapy two times a week for five weeks for the left hand
quantity: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS.

Decision rationale: CA MTUS/ACOEM Guidelines are silent on occupational therapy for the diagnosis of carpal tunnel syndrome. The ODG, carpal tunnel section, reports there is limited evidence demonstrating the effectiveness of PT or OT for CTS. The evidence may justify one pre-surgical visit for education and a home management program, or 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 physical therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. In this case, the request is for therapy for the worker's left hand for carpal tunnel symptoms. The request is for 10 sessions, which exceeds the recommendations in the guidelines. Therefore, the request for occupational therapy is not medically necessary.