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| <b>Case Number:</b>   | CM15-0190184 |                              |            |
| <b>Date Assigned:</b> | 10/02/2015   | <b>Date of Injury:</b>       | 11/07/2008 |
| <b>Decision Date:</b> | 11/09/2015   | <b>UR Denial Date:</b>       | 09/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/28/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 41-year-old female with an industrial injury date of 11-07-2008 (cumulative trauma 01-01-2007 - 11-07-2008.) Medical records indicate he is being treated for sprains and strains of wrist, lumbar sprain-strain, derangement of joint of shoulder and cervical sprain. Subjective complaints (08-25-2015) included right wrist and right elbow pain. The treating physician documented: "There has been no significant improvement since the last exam." Work status (08-25-2015) was documented as modified. Physical exam (08-25-2015) findings included tenderness to pressure over the right lateral and medial elbow. Bilateral range of motion was within functional limits. Cozens test was positive on the right and Tinel's was negative. Cozens and Tinel's sign was negative on the left. Wrist exam noted tenderness to pressure over the right first dorsal compartment. Bilateral range of motion was within functional limits. Tinel's was negative and Finkelstein's was positive right wrist. Tinel's was negative and Finkelstein's was negative left wrist. Medications (08-25-2015) included Lidoderm patch. Prior treatments included H wave, paraffin wax unit, physical therapy, chiropractic treatments, acupuncture and medications. Prior diagnostics included EMG-NCS "over a year ago." Review of medical records does not indicate the presence of EMG-NCS report. On 09-09-2015 utilization review non-certified the following treatment requests:- Hand Therapy; Twelve (12) Sessions (3 x 4), Right Wrist and Right Elbow- EMG/NCS 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:

**Hand Therapy; Twelve (12) Sessions (3x4), Right Wrist and Right Elbow: 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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in November 2008. She was seen for an initial evaluation by the requesting provider in July 2015. Her prior testing and treatments were reviewed. In November 2014, she had electrodiagnostic testing reported as showing severe bilateral carpal tunnel syndrome. She had physical therapy from February 2009 through October 2009 and again in 2010. She was seen for follow-up in August 2015. There had been no significant improvement. She was having persistent right elbow and wrist pain. Physical examination findings included tenderness with pressure over the right first dorsal compartment. There was normal range of motion. Finkelstein's testing was positive. Lidoderm was prescribed. Authorization for 12 sessions of hand therapy and bilateral upper extremity EMG/NCS testing was requested. The claimant is being treated for chronic pain with no new injury and has already had therapy. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of therapy was likely to be any more effective than previously. The request is not considered medically necessary.

**EMG/NCS of the Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in November 2008. She was seen for an initial evaluation by the requesting provider in July 2015. Her prior testing and treatments were reviewed. In November 2014, she had electrodiagnostic testing reported as showing severe bilateral carpal tunnel syndrome. She had physical therapy from February 2009 through October 2009 and again in 2010. She was seen for follow-up in August 2015. There had been no significant improvement. She was having persistent right elbow and wrist pain. Physical examination findings included tenderness with pressure over the right first dorsal compartment. There was normal range of motion. Finkelstein's testing was positive. Lidoderm was prescribed. Authorization for 12 sessions of

hand therapy and bilateral upper extremity EMG/NCS testing was requested. Indications for repeat electrodiagnostic testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. There would be no need to test the asymptomatic left upper extremity. The repeat testing requested is not medically necessary.