

Case Number:	CM15-0193378		
Date Assigned:	10/07/2015	Date of Injury:	07/12/2010
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/01/2015

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, Indiana, 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 52 year old female, who sustained an industrial-work injury on 7-12-10. A review of the medical records indicates that the injured worker is undergoing treatment for left carpal tunnel syndrome. Treatment to date has included pain medication, diagnostics, Lidoderm patches since at least 8-12-15, occupational therapy at least 10 sessions, bracing, home exercise program (HEP), off of work and other modalities. The electromyography (EMG) -nerve conduction velocity studies (NCV) of the left upper extremity dated 11-11-14 reveals evidence of a moderate, left median mononeuropathy at the wrist (carpal tunnel syndrome). Magnetic resonance imaging (MRI) of the left wrist dated 4-13-15 reveals effusion pisotriquetral joint, tear involving the ulnar attachment of the triangular fibrocartilage, small subcortical cyst and modest marrow edema. Medical records dated (2-17-15 to 8-12-15) indicate that the injured worker complains of continuous pain and numbness of the bilateral hands to the fingers. There is increased left wrist numbness with pain, pain with range of motion, decreased grip strength and weakness. The injured worker also reports muscle tightness. The current medications are not listed. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-12-15 the injured worker has not returned to work. The physical exam dated (8-11-15 and 8-12-15) reveals that the injured worker's pain is slightly better. There is positive Tinel's, positive Phalen's, pain with movement and decreased range of motion. Of note, several of the medical records within the submitted documentation were difficult to decipher. The request for authorization date was 8-20-15 and requested services included electromyography (EMG) left upper extremity, Occupational therapy 2 times a week for 6

weeks for the left upper extremity, and Lidoderm patches times 2 boxes. The original Utilization review dated 9-16-15 non-certified the request for electromyography (EMG) left upper extremity, Occupational therapy 2 times a week for 6 weeks for the left upper extremity, and Lidoderm patches times 2 boxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG of the left upper extremity is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are 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-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured workers working diagnoses are left carpal release; left TFCC tear; S.L. scaphoid injury. The date of injury is July 12, 2010. Request for authorization is September 9, 2015. The injured worker underwent right lateral epicondyle release 2010; right carpal tunnel release; cubital tunnel release on the right. The injured worker is status post left carpal tunnel release; left cubital tunnel release and left epicondyle release in 2010 and 2011. The medical record documentation indicates the injured worker had prior physical therapy, is engaged in a home exercise program and received TENS. The worker had an EMG prior. The results were not documented in the record. The documentation indicates Lidoderm patches were started December 2014. There is no subsequent documentation demonstrating objective functional improvement to support ongoing Lidoderm. There is undated orthopedic EMG/NCV referral. There is no hard copy of the EMG/and see the in the medical record. According to the most recent progress note dated August 11, 2015, subjective complaints include muscle tightness and right hand numbness and tingling. Objectively, there is a positive Tinel's and positive Phalen's. The treatment plan includes a request for an EMG/NCS of the right upper extremity. The request for authorization contains a

request for EMG/NCS of the bilateral upper extremities. The documentation in the medical record contains subjective complaints and objective clinical findings of the right hand only. There were no subjective complaints in the left-hand and there were no objective clinical findings involving the left hand. There is no clinical indication or rationale for EMG of the left upper extremity. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no unequivocal findings and identify specific nerve compromise on the neurologic evaluation of the left upper extremity, EMG of the left upper extremity is not medically necessary.

Occupational therapy 2x a week for 6 weeks for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week times six weeks to the left upper extremity is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are left carpal release; left TFCC tear; S.L. scaphoid injury. The date of injury is July 12, 2010. Request for authorization is September 9, 2015. The injured worker underwent right lateral epicondyle release 2010; right carpal tunnel release; cubital tunnel release on the right. The injured worker is status post left carpal tunnel release; left cubital tunnel release and left epicondyle release in 2010 and 2011. The medical record documentation indicates the injured worker had prior physical therapy, is engaged in a home exercise program and received TENS. The worker had an EMG prior. The results were not documented in the record. The documentation indicates Lidoderm patches were started December 2014. There is no subsequent documentation demonstrating objective functional improvement to support ongoing Lidoderm. There is no hard copy of the EMG/NCV in the medical record. According to the most recent progress note dated August 11, 2015, subjective complaints include muscle tightness and right hand numbness and tingling. Objectively, there is a positive Tinel's and positive Phalen's. The documentation indicates the injured worker physical therapy in 2010 and 2011. The total number of physical therapy/occupational therapy sessions is not specified. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts in the medical records indicating additional physical therapy over the recommended guidelines is clinically indicated. As noted above, the symptoms in the most recent progress note relate to the right upper extremity. There are no left upper extremity subjective or objective findings. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation relating to the left upper extremity (subjective or objective) and no compelling clinical facts indicating additional occupational

therapy as clinically indicated, occupational therapy two times per week times six weeks to the left upper extremity is not medically necessary.

Lidoderm patches x2 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patches #2 boxes are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for of Lidoderm patches are enumerated in the official disability guidelines. The criteria includes, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured workers working diagnoses are left carpal tunnel release; left TFCC tear; S.L. scaphoid injury. The date of injury is July 12, 2010. Request for authorization is September 9, 2015. The injured worker underwent right lateral epicondyle release 2010; right carpal tunnel release; cubital tunnel release on the right. The injured worker is status post left carpal tunnel release; left cubital tunnel release and left epicondyle release in 2010 and 2011. The medical record documentation indicates the injured worker had prior physical therapy, is engaged in a home exercise program and received TENS. The worker had an EMG prior. The results were not documented in the record. The documentation indicates Lidoderm patches were started December 2014. There is no subsequent documentation demonstrating objective functional improvement to support ongoing Lidoderm. Additionally, there is no documentation of failed first-line treatment with antidepressants or anticonvulsants. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement to support ongoing Lidoderm, Lidoderm patches #2 boxes are not medically necessary.