

Case Number:	CM15-0196053		
Date Assigned:	10/09/2015	Date of Injury:	06/01/2013
Decision Date:	11/18/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 39 year old female who reported an industrial injury on 6-1-2015. Her diagnoses, and or impressions, were noted to include: cervical, left shoulder, and left wrist-hand sprain-strains; left de Quervain's disease with carpal tunnel syndrome complaints; and elbow and shoulder tendinitis. No imaging studies were noted. It was noted that she had not received any treatments as she was terminated from work. The progress notes of 8-10-2015 reported complaints which included: neck pain and pain going from her left hand to her left elbow, with numbness, tingling, stiffness and weakness of the hands; and difficulty sleeping. The objective findings were noted to include: tenderness and tightness of the trapezius; notation of a soft support on the wrist, with decreased left grip strength; tenderness along the internal aspect of the elbow; positive Finkelstein's; significant thenar or intrinsic atrophy; diminished left shoulder range-of-motion; pain with placing the left arm behind the back; stiffness of the wrist; positive Phalen's and Tinels tests; decreased left wrist range-of-motion; and negative findings on the x-rays of the left shoulder and wrist. The physician's request for treatments was noted to include Mobic, therapy and acupuncture treatments, electromyogram and nerve conduction velocity studies of the left upper extremities; and Cortisone injections to the left wrist. The Request for Authorization, dated 8-24-2015, was noted to include: Mobic 15 mg, daily, #30; acupuncture 6 treatments to the left upper extremity (LUE); physical therapy 12 treatments to the LUE; electromyogram and nerve conduction velocity studies of the LUE; and Cortisone injection to the left wrist. The Utilization Review of 8-27-2015 was difficult to decipher, but was noted to non-certify the request for: electromyogram and nerve conduction velocity studies of the LUE,

12 physical therapy treatments to the LUE, Cortisone injection to the left wrist; and modified the requests for acupuncture and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Left Upper Extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is 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-neuropathic processes if other diagnoses may be likely based on the clinical exam. EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant initially had not carpal tunnel findings on exam and then developed muscle wasting on the thenar aspect as well as Tinel's and Phalen's test. Prior x-rays were unremarkable. The request for an EMG /NCV is appropriate to determine central vs peripheral cause of symptoms. Therefore, the requested treatment is medically necessary.

Cortisone Injection Left Wrist: Overturned

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): Summary.

Decision rationale: According to the guidelines, injections are recommended for those with carpal tunnel, DeQuervain's and trigger finger. Repeat injections are not recommended. In this case, the claimant had chronic wrist strain with worsening of symptoms and increasing neurological findings that were not initially present. The request for a cortisone injection for the wrist is appropriate. Therefore, the requested treatment is medically necessary.

Physical Therapy x 12 sessions 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 Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines 8-10 visits are recommended for most musculoskeletal disorders. The therapy should be in a weaning basis with additional injections to be performed at home. In this case, there is no indication that the claimant cannot perform therapy at home. The claimant already completed 12 sessions of therapy. In addition ,the amount of visits exceeds the guidelines recommendations . The 12 sessions of therapy are not medically necessary.