

<b>Case Number:</b>	CM15-0196912		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

The injured worker was a 59 year old male, who sustained an industrial injury, October 1, 2010. The injured worker was undergoing treatment for carpal tunnel syndrome, cervical strain and or sprain, cervical disc displacement without myelopathy and cervicgia. According to progress note of September 15, 2015, the injured worker's chief complaint was chronic neck pain and bilateral wrist pain. The injured worker reported the pain interfered with personal hygiene and household chores. The injured worker rated the pain 5 out of 10 with pain medications and 7-8 out of 10 without pain medications. The physical exam noted guarding, spasms and tenderness noted in the paravertebral musculatures of the cervical spine with painful decreased range of motion on flexion and extension and lateral rotation. Dysesthesia was noted in the C5, C6 and C7 dermatomal distributions bilaterally. The deltoid muscle strength was graded at 4 out of 5 bilaterally. There was positive Spurling's test bilaterally. Bilateral wrists showed positive Phalen's reverse Phalen's and Tinel's. There was two-point discrimination with diminished to approximately 6mm to the bilateral hands. There was bilateral distal radii tenderness. The injured worker previously received the following treatments EMG and NCS (electrodiagnostic studies and nerve conduction studies) completed on July 31, 2015 which was a normal study on the right and left, Soma, Norco, Neurontin and Percocet. The RFA (request for authorization) dated September 17, 2015, the following treatments were requested follow-up visit with the hand surgeon, [REDACTED] to review EMG and NCS) of the bilateral upper extremities, right elbow, right wrist, left wrist and left elbow. The UR (utilization review board) denied certification on

September 29, 2015; for a follow-up visit with the hand surgeon, [REDACTED] to review EMG and NCS of the bilateral upper extremities, right elbow, right wrist, left wrist and left elbow.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Office follow up with Hand Surgeon, (to review EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Upper Extremities, Right Elbow, Left Elbow, Right Wrist, Left Wrist):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had a prior EMG that showed carpal tunnel syndrome. The claimant also had a positive cervical compression test. The patient also had findings of epicondylitis. Due multitude of findings both central and peripheral extremities, further evaluation by a hand surgeon is medically necessary.