

Case Number:	CM15-0198075		
Date Assigned:	10/13/2015	Date of Injury:	05/12/1999
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/08/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 66 year old female, who sustained an industrial injury on 5-12-1999. The injured worker was being treated for chronic pain, carpal tunnel syndrome, lumbar spondylosis with degenerative disc disease, rule out lumbar radiculopathy, and cervical spondylosis with radiculitis. Medical records (5-20-2015) indicate the injured worker's "back is messed up from her need for CAM boot." The injured worker was pending Podiatry clearance prior to going to the gym. The physical exam (9-16-2015) revealed right shoulder abduction at 160 degrees, left shoulder abduction at 170 degrees, abductor pollicis brevis (APB) strength of 3+ on the right and 4+ on the left. The injured worker was able to touch her toes and to get up from the floor. Medical records (9-16-2015) indicate a right scapula flare-up 2 weeks prior and a flare-up of the low back. The injured worker reported her gait was off and "doing more" due to being in a left- sided CAM boot. She reported problems with fine motor, her carpal tunnel syndrome was not as helpful, and she is considering re-carpal tunnel release. She rated her pain as 3-8.5 on a visual analogue scale. The physical exam (9-16-2015) revealed 22 pounds on the right, 24 pounds on the left, and 9 pounds on the bilateral 3 point. There was decreased "pp" over the right greater than left medial nerve distribution with 6-7 millimeter 2 point discrimination. Diagnostic studies were not included in the provided medical records. Treatment has included yoga, a 6 month gym membership for functional restoration program, and medications including topical pain and anti- epilepsy. The treatment plan included an additional 6 months of gym membership and electromyography and nerve conduction study to evaluate bilateral carpal tunnel syndrome. On 9-16-2015, the requested treatments included a gym

membership for 6months and EMG and NCS (electromyography and nerve conduction study). On 9-22-2015, the original utilization review non-certified requests for a gym membership for 6months and EMG and NCS (electromyography and nerve conduction study).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (x6 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The treating physician does not detail the need for specific types of equipment, treatment notes do not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership. Further, as the functional restoration program has completed it would be assumed that the follow on exercise would not be professionally monitored. As such, the request for GYM Membership is not medically necessary.

EMG/NCS: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG further states regarding carpal tunnel syndrome testing (EMG/NCV), "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. See also Nerve conduction studies (NCS) and Electromyography (EMG). In general, carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve

conduction tests before surgery is undertaken." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The diagnosis of Carpel Tunnel Syndrome is well established in this patient and the EMG would not be indicated to reconfirm this diagnosis. Further the available medical record notes a past carpal tunnel release and presumably electrodiagnostics were conducted prior to that surgery, the treating physician does not indicate the reason for needing an updated testing. As such, the request for EMG of the upper extremities is not medically necessary.