

Case Number:	CM15-0199237		
Date Assigned:	10/14/2015	Date of Injury:	06/20/2013
Decision Date:	12/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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 54 year old female who sustained an industrial injury on 06-20-2013. According to a progress report dated 09-15-2015, the injured worker reported left thumb pain after CMC arthroplasty, right lateral epicondylar pain and right hand numbness and tingling. She reported constant pain at her wrist and intermittent pain at her elbow that was rated 5-6 on a scale of 1-10. Pain was made worse with provocative maneuvers, griping, lifting and using a mouse at work. She reported numbness in her middle finger, index finger and thumb when using the mouse at work and other times. When her elbow was resting on her desk she got numbness in her ring and pinky finger. Her elbow felt stiff while at work. She stated that this had decreased slightly after receiving a new mouse at work. She also reported numbness from her neck down to her fingers if she slept on that side. She stated that her other physician gave her an injection approximately 3.5 weeks ago and that she only had minimal pain relief for a few hours. Physical examination demonstrated tenderness to palpation over the lateral epicondyle and a little over the medial epicondyle. Muscle strength was 5 out of 5 throughout including deltoid, biceps, triceps, wrist extension and wrist flexion. Sensory exam was grossly normal. Resisted wrist extension was positive. Resisted wrist flexion was negative. Ulnar nerve compression test was negative. Tinel's was negative. Phalen's test was negative after 45 seconds. Diagnoses included lateral epicondylitis, carpal tunnel syndrome, osteoarthritis thumb CMC joint degenerative and trigger finger and thumb acquired. The treatment plan included x-rays of the right elbow, hand and wrist, electromyography and nerve conduction velocity studies to evaluate for cubital and carpal tunnel, elbow strap and Ibuprofen. Follow up was indicated in 4 weeks or sooner. Work status

included modified work with limitations. An authorization request dated 10-06-2015 was submitted for review. The requested services included right hand and elbow x-ray, electromyography (EMG) and nerve conduction studies (NCS) of the right upper extremity, physical therapy 2 times a week for 4 weeks and elbow strap. On 10-09-2015, Utilization Review non-certified the request for x-ray of the right hand and elbow, EMG/NCS of the right upper extremity, physical therapy for the right upper extremity quantity 8 and modified the request for an elbow strap.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right hand and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Wrist, Hand and Forearm Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 266-269Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition, (2008 Revision) - pp. 601-602.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand and Elbow Chapters, Radiography.

Decision rationale: Per guidelines, imaging studies of the elbow are recommended only after a period of conservative rehabilitation program. Furthermore, imaging should be performed only when there is a presence of a red flag noted on history or examination, when the study results will substantially change the treatment plan and when there is evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and the patient agrees to undergo invasive treatment if the presence of the correctible lesion is confirmed. MTUS states that for most patients presenting with true hand problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Per guidelines, the indications for X-rays of the hand include acute trauma, where there is suspicion for acute fracture or dislocation. The injured worker complains of chronic elbow and hand pain. Documentation fails to show objective evidence indicating a significant change in symptoms or red flags consistent with significant tissue insult or neurological dysfunction to establish the medical necessity for imaging. The request for X-ray of the right hand and elbow is not medically necessary per MTUS guidelines.

EMG/NCS of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 266-270.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Carpal Tunnel Chapters, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker complains of ongoing right hand and elbow pain. Documentation fails to show clinical signs of cervical radiculopathy or objective findings of specific nerve compromise to establish the medical necessity of EMG/NCV. The request for EMG/NCS of the right upper extremity is not medically necessary per guidelines.

Physical therapy for the right upper extremity Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition, (2008 revision) Official Disability Guidelines-Treatment in Workers' Compensation, Elbow; Forearm, Wrist and Hand (Acute and Chronic) Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 263-266.

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

Decision rationale: MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. At the time of additional outpatient physical therapy was prescribed, the injured worker had undergone an initial course of physical therapy with no significant objective improvement in pain or function. Physician reports further do not show exceptional factors that would support the medical necessity for additional therapy. The request for Physical therapy for the right upper extremity Qty: 8 is not medically necessary based on lack of functional improvement and MTUS.

Elbow strap: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Elbow (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Epicondylitis supports, Tennis elbow band.

Decision rationale: Per guidelines, elbow brace is recommended for epicondylitis. The injured worker complains of right elbow pain with diagnosis of lateral epicondylitis. Physical exam findings are also consistent with this diagnosis. The recommendation for the use of elbow strap is reasonable. Per guidelines, the request for elbow strap is medically necessary.