

Case Number:	CM15-0202022		
Date Assigned:	10/16/2015	Date of Injury:	05/11/2011
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female, who sustained an industrial injury on 5-11-11. The injured worker was diagnosed as having possible right cubital tunnel syndrome, status post arthroscopic debridement right wrist with significant stiffness of the right wrist and right shoulder sprain likely from overcompensation with increasing symptoms. Treatment to date has included at least 16 physical therapy visits, use of a Dynasplint, and medication including Ibuprofen. On 9-29-15 physical examination findings included tenderness of the dorsal inner aspect of the right wrist and shoulder subacromial tenderness. Tinel's sign was positive at the ulnar nerve of the right elbow. On 9-29-15 the treating physician noted "neck, shoulder exam-sensory and motor exam intact." On 8-18-15 the treating physician noted "the patient reported her ulnar pain was reduced by 90% after laser treatments. The patient had continued limited forearm and wrist range of motion with pain with activities of daily living with limited grasp and manipulation with a beneficial posture for activities of daily living and work activities. Plan was to continue therapy to improve upon her deficits." The most recent physical therapy progress note was dated 8-12-15. On 9-29-15, the injured worker complained of right wrist and right shoulder pain. On 9-30-15 the treating physician requested authorization for electromyography and nerve conduction velocity for bilateral upper extremities and occupational therapy for the right wrist 3x4. On 10-7-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and Nerve Conduction Velocity (NCV) For The Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies 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. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Per MTUS ACOEM p182, with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent is not recommended. The documentation submitted for review does not contain evidence of neurologic dysfunction such as sensory, reflex, or motor system deficit. The injured worker is not presented as having radiculopathy. There are no changes presented that suggest the presence of a peripheral neuropathy. The request is not medically necessary.

Occupational Therapy 3 X 4 Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Physical/Occupational therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy

session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Medical treatment: 14 visits over 6 weeks. Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks. Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Post-surgical treatment (open): 3-8 visits over 3-5 weeks. Per the medical records submitted for review, the injured worker has completed approximately 16 sessions of post-operative physical therapy. There was no exceptional factors noted necessitating an additional 12 sessions. At this time, the injured worker should have been transitioned to a self- directed home based therapy. The request is not medically necessary.