

Case Number:	CM15-0207894		
Date Assigned:	10/26/2015	Date of Injury:	08/04/2014
Decision Date:	12/09/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This injured worker is a 29-year-old female, who sustained an industrial injury on 08-04-2014. The injured worker was diagnosed as having cervical musculoligamentous strain-sprain, rule out cervical spine discogenic disease, right shoulder strain-sprain, right shoulder tendinitis, right elbow lateral epicondylitis, bilateral wrist carpal tunnel syndrome and bilateral wrist chronic over use. On medical records dated 06-22-2015, the subjective complaints were noted as neck, right shoulder and right elbow pain. Pain was also noted in bilateral wrists. Pain was noted as 8 out of 10. Objective findings were noted as cervical spine tenderness to palpation over the paraspinal muscles, with spasm were noted, restricted range of motion and cervical compression test was positive as well as trigger point. Right shoulder tenderness to palpation, a restricted range of motion and positive impingement test was noted. Right elbow tenderness to palpation with and bilateral wrists were noted to have tenderness to palpation and positive Tinel's and Phalen's test. Treatments to date included physical therapy and medication. The injured worker was noted to be temporarily very disabled. Current medications were not listed on 06-22-2015. The Utilization Review (UR) was dated 10-20-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for EMG (Electromyography)-NCS (Nerve Conduction Study) bilateral upper extremities and physical therapy 2 times a week for 6 weeks was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in August 2014. In June 2015, she was having neck, right shoulder and elbow, and bilateral wrist pain and wrist numbness. Physical examination findings included cervical paraspinal tenderness with spasms, decreased range of motion, trigger points, and positive cervical compression testing. There was right shoulder, elbow, and bilateral wrist tenderness. Shoulder impingement testing was positive. Tinel's and Phalen's tests were positive. Prior testing had included upper extremity nerve conduction studies in October 2014 showing findings of carpal tunnel syndrome. Treatments had included a cortisone injection, medications, physical therapy, and shockwave therapy. Authorization was requested for 12 sessions of physical therapy and she was referred for consideration of bilateral carpal tunnel release surgery. When seen in September 2015 she had completed 16 physical therapy treatments. She had weakness with positive Tinel's and Phalen's tests. Recent electrodiagnostic testing had been done but the results were not provided to the requesting provider. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize a home exercise program. The request does not reflect a fading of skilled treatments. It is not medically necessary.

EMG (Electromyography)/ NCS (Nerve Conduction Study) bilateral upper extremities:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in August 2014. In June 2015, she was having neck, right shoulder and elbow, and bilateral wrist pain and wrist numbness. Physical examination findings included cervical paraspinal tenderness with spasms, decreased range of motion, trigger points, and positive cervical compression testing. There was right shoulder, elbow, and bilateral wrist tenderness. Shoulder impingement testing was positive. Tinel's and Phalen's tests were positive. Prior testing had included upper extremity nerve conduction studies in October 2014 showing findings of carpal tunnel syndrome. Treatments had included a cortisone injection, medications, physical therapy, and shockwave therapy. Authorization was requested for 12 sessions of physical therapy and she was referred for consideration of bilateral carpal tunnel release surgery. When seen in September

2015 she had completed 16 physical therapy treatments. She had weakness with positive Tinel's and Phalen's tests. Recent electrodiagnostic testing had been done but the results were not provided to the requesting provider. Indications for repeat electrodiagnostic testing include the following: (1) The development of a new set of symptoms. (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive. (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome). (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis. (5) When there is an unexpected course or change in course of a disease and; (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has had prior testing showing findings of carpal tunnel syndrome and continues to have complaints and physical examination findings consistent with this diagnosis. None of the above indications is present. Repeat testing is not medically necessary.