MAXIMUS Federal Services

Case Number:	CM15-0025961		
Date Assigned:	02/18/2015	Date of Injury:	04/02/2014
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained a work related injury on 4/2/14. The diagnoses have included carpal tunnel syndrome. Treatments to date have included corticosteroid injections, physical therapy, left carpal tunnel surgery and NCS/EMG study of bilateral arms. In the PR-2 dated 12/23/14, the injured worker complains of persistent numbness and tingling in right thumb and right middle finger. She complains of left hand stiffness. She has full range of motion in both wrists. On 1/12/15, Utilization Review non-certified requests for postoperative occupational therapy re-evaluation for left wrist and hand, additional postoperative occupational therapy 2x/week x 6 weeks (12), repeat EMG for bilateral wrists and repeat NCS for bilateral wrists. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative occupational therapy re-evaluation for the left hand and wrist; quantity 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient was injured on 04/02/14 and presents with bilateral hand pain, wrist pain, and bilateral hand numbness/tingling. The request is for postoperative occupational therapy reevaluation for the left hand and wrist quantity 1. There is no RFA provided and the patient is restricted to 4 hours a day at work. On 11/07/14, the patient underwent a carpal tunnel release of the left upper extremity. ACOEM Practice Guidelines second edition (2004) page 127, has the following: "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." MTUS Guidelines page 15 allow for 3-8 visits over 3-5 weeks for carpal tunnel syndrome. The post-surgical time frame is 3 months. The reason for the request is not provided. In this case, the patient had a carpal tunnel release on 11/07/14 and is requesting for a therapy evaluation on 12/23/14. She has "improvement in her symptoms but persistent symptoms and physical findings, nonetheless. In any case, she remains tender and weak postoperatively." It appears that the treater would like the patient to have a reevaluation for her persistent symptoms. The requested postoperative occupation therapy evaluation IS medically necessary.

Additional postoperative occupational therapy, 2 times a week for the left hand and wrist; quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The patient was injured on 04/02/14 and presents with bilateral hand pain, wrist pain, and bilateral hand numbness/tingling. The request is for additional postoperative occupational therapy 2 times a week for the left hand and wrist quantity 12. The RFA is dated 01/05/15 and the patient is restricted to 4 hours a day at work. MTUS Guidelines page 15 allow for 3-8 visits over 3-5 weeks for carpal tunnel syndrome. The post-surgical time frame is 3 months. MTUS page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the patient underwent a carpal tunnel release of the left upper extremity on 11/07/14. The patient has had two sessions of therapy on 12/24/14 and 01/05/15. The treater is requesting for 12 sessions of therapy which exceeds what is allowed by MTUS Guidelines. Therefore, the requested occupational therapy IS NOT medically necessary.

Repeat EMG for the bilateral wrists; quantity 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Electrodiagnostic Studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Electrodiagnostic Studies.

Decision rationale: The patient was injured on 04/02/14 and presents with bilateral hand pain, wrist pain, and bilateral hand numbness/tingling. The request is for repeat EMG for the bilateral wrists quantity 1 to evaluate median nerve conduction, at the wrist, bilaterally, and to rule out any more proximal peripheral nerve entrapment. The RFA is dated 01/05/15 and the patient is restricted to 4 hours a day at work. For EMG of the upper extremities, the ACOEM Guidelines page 260 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. In this case, the patient underwent a carpal tunnel release of the left upper extremity on 11/07/14. The treater would like another EMG of the patient's bilateral wrists to evaluate median nerve conduction, at the wrist, bilaterally, and to rule out any more proximal peripheral nerve entrapment. The request IS medically necessary.

Repeat NCS for the bilateral wrists; quantity 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Electrodiagnostic Studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Electrodiagnostic Studies Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS).

Decision rationale: The patient was injured on 04/02/14 and presents with bilateral hand pain, wrist pain, and bilateral hand numbness/tingling. The request is for repeat NCS for the bilateral wrists quantity 1 to evaluate median nerve conduction, at the wrist, bilaterally, and to rule out any more proximal peripheral nerve entrapment. The RFA is dated 01/05/15 and the patient is restricted to 4 hours a day at work. For NCV of the bilateral upper extremities, the ACOEM Guidelines page 260 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines has the following regarding EDX and Carpal Tunnel Syndrome, "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." In this case, the patient underwent a carpal tunnel release of the left upper extremity on 11/07/14. The treater would like another NCV of the patient's bilateral wrists to evaluate median nerve conduction, at the wrist, bilaterally, and to rule out any more proximal peripheral nerve entrapment. Therefore, the request IS medically necessary.