

Case Number:	CM15-0027740		
Date Assigned:	02/20/2015	Date of Injury:	11/20/2012
Decision Date:	04/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/13/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 46-year-old female who sustained an industrial injury on 11/20/2012. A primary treating office visit dated 01/14/2015, reported subjective complaint of depressed, bilateral hand pain with numbness all noted as worse since 10/2014. Objective findings showed bilateral cold hands/arms. She is diagnosed with bilateral carpal tunnel syndrome; urinary incontinence and spastic paraparesis since 06/12/2013, anterior cervical fusion, C2-6. A request was made for 16 sessions of physical therapy treating bilateral upper extremities/arms; an electrical myography nerve conduction study of bilateral upper extremities; bilateral compression arm and elbow sleeves and medication: Gabapentin 600 MG. On 01/20/2015, Utilization Review, non-certified the request, noting, the CA MTUS, Chronic Pain, Physical Medicine, ACOEM, Neck and Upper Back Complaint, Chapter 11 Forearm, Wrist and Hand Complaints, Physical Methods were cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 8 to bilateral upper extremities and hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: Physical therapy in the form of passive therapy for the arms and hands is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment. In the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 10 supervised physical therapy visits over 4 weeks for neuropathic pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, it is not known if she had already gone through some physical therapy of her arms and hands as it was not included in the notes provided for review. However, considering her injury was over two years prior to this request and had surgery, it is unlikely that she had not had at least some formal physical therapy. Although there was a complaint of persistent bilateral hand pain with numbness, the physical findings of her arms/hands documented from the time of this request were very limited and only included that they were cold. This is insufficient to justify 16 sessions of physical therapy, and therefore, due to lack of information about previous physical therapy sessions, home exercises being performed, and physical examination findings to support the need for supervised physical therapy, the 16 sessions will be considered medically unnecessary.

EMG of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, it is known that the worker had a history of cervical spinal problems as well as a history of carpal tunnel syndrome, however, the subjective and physical findings documented in the note at the time of this request were incomplete. There was insufficient objective evidence of any neuropathy as the only physical findings documented were cold hands and arms. Therefore, there does not seem to be enough indication to perform any nerve testing without first having done a complete physical to at least try to identify the source of the symptoms without testing. The EMG/NCS, therefore, will be considered medically unnecessary.

Bilateral compression arm and elbow sleeve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

Decision rationale: The MTUS ACOEM Guidelines state that elbow supports/braces, although have insufficient evidence to strongly support their use, still recommend their use as they are non-invasive and low cost. Bracing results in relief of pain, improvement in functionality of the arm, and improved grip strength in those with lateral epicondylitis. Physical therapy is recommended to be combined with any bracing, as bracing alone provides little benefit. Bracing should be restricted to the initial phase of the injury and is not recommended for chronic use, unless evidence of benefit in the patient is documented. In the case of this worker, there was no diagnosis of epicondylitis or joint laxity which might have helped justify the use of an elbow sleeve, and without any specific physical findings also to support the consideration of such, the elbow sleeve will be considered medically unnecessary.

Gabapentin 600 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. Although there was a history of neuropathy (carpal tunnel syndrome), there was insufficient evidence from the recent progress note to support the use of gabapentin as there was insufficient physical findings which suggested ongoing neuropathy. Also, it is not known if the worker had already been taking this medication in the past, which therefore, would have required a documented assessment of its effectiveness, which was not included in the documentation provided. Therefore, the gabapentin will be considered medically unnecessary at this time.