Case Number:	CM15-0211140		
Date Assigned:	10/29/2015	**Date of Injury:**	02/02/2015
Decision Date:	12/10/2015	**UR Denial Date:**	10/20/2015
Priority:	Standard	**Application Received:**	10/27/2015

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, Indiana, 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 47 year old female with an industrial injury 02-02-2015. A review of the medical records indicates that the injured worker is undergoing treatment for left wrist tendinitis. According to the progress note dated 09-28-2015, the injured worker reported left wrist, hand and forearm complaints. The injured worker also reports episodes of numbness and tingling in right hand. The injured worker reported swelling, cramping and weakness in the left hand. Pain medication provides her with temporary relief. The injured worker reported difficulty with activities of daily living. Objective findings (09-28-2015) revealed decreased left grip testing, tenderness over the distal radius and the carpus on the left with decreased range of motion and positive reverse Phalen's testing on the left. The treating physician reported that the X-ray of the left wrist and forearm revealed no evidence of fracture and the x-ray of the left hand revealed normal articulation. Treatment has included x-rays, prescribed medications, forearm hand support, 18 sessions of physical therapy, 12 sessions of acupuncture, and periodic follow up visits. The injured worker is working full duty. The utilization review dated 10-20-2015, non-certified request for Electromyography (EMG) Nerve conduction velocity (NCV) of bilateral upper extremity and modified the request for 6 physical therapy visits for left wrist (original: 12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/nerve conduction velocity (NCV) 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) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging 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. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. Nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome may be candidates for surgery. Electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies. In this case, the injured worker's working diagnosis is left wrist tendinitis. Date of injury is February 2, 2015. Request for authorization is October 13, 2015. According to a September 28, 2015 progress note, the injured worker has a history of pain in the left wrist and hand, fingers in the left-hand and left forearm. The injured worker was started on a course of physical therapy to the left wrist and forearm three times a week for approximately 3 months provided temporary pain relief. She also received acupuncture twice per week for about two months. Presently, the worker has constant aching in the left wrist and hand. Pain travels to the forearm with numbness and tingling in the right hand the injured worker complains of difficulty sleeping with anxiety and stress secondary to pain. Objectively, there is no tenderness in the cervical paraspinal muscle groups. Range of motion is full. Motor power in the upper extremities is normal. Sensory examination the upper extremities are normal. Shoulder examination is unremarkable. There was tenderness over the distal radius and the carpas on the left. Reverse Phalen's is positive on the left. There was no atrophy or tenderness in the thenar, hypothenar and intrinsic hand muscles. The documentation indicates there are positive physical findings over the distal radius and carpas on the left that may explain the injured worker's findings. The injured worker has clinical evidence of tendinitis. There is no documentation indicating anticipated carpal tunnel surgery. There is no clinical indication for an EMG. Based on clinical information medical record, peer-reviewed evidence-based guidelines, clinical findings consistent with tendinitis, no documentation indicating anticipated carpal tunnel surgery and no clinical indication for an EMG, EMG/NCV of the bilateral upper extremities is not medically necessary.

12 physical therapy to the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand section, Carpal tunnel syndrome, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy to the left wrist is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is left wrist tendinitis. Date of injury is February 2, 2015. Request for authorization is October 13, 2015. According to a September 28, 2015 progress note, the injured worker has a history of pain in the left wrist and hand, fingers in the left-hand and left forearm. The injured worker was started on a course of physical therapy to the left wrist and forearm three times a week for approximately 3 months provided temporary pain relief. She also received acupuncture twice per week for about two months. Presently, the worker has constant aching in the left wrist and hand. Pain travels to the forearm with numbness and tingling in the right hand the injured worker complains of difficulty sleeping with anxiety and stress secondary to pain. Objectively, there is no tenderness in the cervical paraspinal muscle groups. Range of motion is full. Motor power in the upper extremities is normal. Sensory examination the upper extremities are normal. Shoulder examination is unremarkable. There was tenderness over the distal radius and the carpas on the left. Reverse Phalen's with positive on the left. There was no atrophy or tenderness in the thenar, hypo thenar and intrinsic hand muscles. The documentation indicates there are positive physical findings over the distal radius and carpas on the left that may explain the injured worker's findings. The injured worker has clinical evidence of tendinitis. The injured worker received physical therapy 3 times per week for approximately 3 months to the left wrist with no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy to the left wrist is clinically indicated. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, documentation the worker received physical therapy three times per week for approximately 3 months (total number not specified) to the left wrist, 12 sessions physical therapy to the left wrist is not medically necessary.