

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0211355 |                              |            |
| <b>Date Assigned:</b> | 10/30/2015   | <b>Date of Injury:</b>       | 04/29/2015 |
| <b>Decision Date:</b> | 12/11/2015   | <b>UR Denial Date:</b>       | 09/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This then said 55 year old female sustained an industrial injury on 04-29-2015. According to an initial orthopedic evaluation dated 07-20-2015, the injured worker reported constant pain, stiffness and a feeling of tension throughout her spinal axis. Her neck symptoms were often associated with dizziness and headaches. She frequently experienced radiation of her neck symptoms into her bilateral posterior shoulders. She experienced frequent episodes of "coldness" of her left upper extremity and left lower extremity. Her low back symptoms were associated with sensory changes in the left posterior calf. She also reported pain on both elbows, wrist and hands with numbness and weakness of both upper extremities, causing her to frequently drop items from her grasp. She could not hold onto objects for a prolonged period due to decreased strength and feelings of numbness. She experienced occasional locking of her right thumb. Treatment to date has included cortisone injection to the right thumb, medications, physical therapy, wrist and elbow supports and acupuncture. MRI scans of the cervical and lumbar spine and EMG (electromyography) and NCV (nerve conduction velocity) studies of the bilateral upper and lower extremities had been previously obtained but were not available. The injured worker had been previously informed that she had bilateral carpal tunnel syndrome. Impression included cervical strain with minor degenerative changes, probably bilateral carpal tunnel syndrome, bilateral lateral epicondylitis and extensor tendinitis and lumbar strain. The treatment plan included electrodiagnostic studies of the upper extremities, Relafen, Prilosec and Terocin pain patch, physical therapy for the neck and low back and a home exercise program. Work status included restrictions. Re-assessment was indicated in 4 weeks. There were no progress reports following this report submitted for review. On 09-28-2015, Utilization Review non-certified the request for physical therapy 2 times a week for 4 weeks for the cervical, lumbar, bilateral elbows and hands-wrists and EMG-NCS of the bilateral upper extremities.

## 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 4 weeks, cervical lumbar, bil elbows, hands/wrists:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. Therefore, the request is not medically necessary.

**EMG/NCS bilateral upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There are no red flags on physical exam to warrant further imaging, testing or referrals. Additionally, the studies have been obtained in the past. The records do not support the medical necessity for an EMG/NCV of the bilateral upper extremities. Therefore, the request is not medically necessary.