

Case Number:	CM15-0212786		
Date Assigned:	11/02/2015	Date of Injury:	07/30/2015
Decision Date:	12/14/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/29/2015

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: Emergency 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 55 year old female who sustained an industrial injury on July 30, 2015. Medical records indicated that the injured worker was treated for bilateral wrist and elbow pain. Medical diagnoses include bilateral wrist sprain and strain, rule out carpal tunnel syndrome and bilateral elbow medial and lateral epicondylitis, rule out cubital tunnel syndrome. In the provider notes dated August 11, 2015 to September 8, 2015 the injured worker complained of bilateral wrist pain. She has occasional shocking electrical pain in her wrists. She has pain when lifting or driving. She has been restricting her lifting at work to less than 5 pounds and had been taking breaks to stretch. She has been attending physical therapy (PT) sessions. She states her pain is improving with PT. She has been limiting the use of naproxen due to GI symptoms. On exam, the documentation stated that there was no swelling or effusion of the wrists. There is normal range of motion with tenderness over the extensor surfaces of both wrists. The Tinel's and Phalen's signs are negative bilaterally. The treatment plan is for meloxicam, home exercises, physical therapy and continue home exercises and work restrictions. A Request for Authorization was submitted for physical therapy x 12 for bilateral wrists and bilateral elbows and bilateral upper extremity electromyography (EMG) and nerve conduction velocity (NCV). The Utilization Review dated October 14, 2015 denied the request for physical therapy x 12 for bilateral wrists and bilateral elbows and bilateral upper extremity electromyography (EMG) and nerve conduction velocity (NCV).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions directed to bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupation Therapy Guidelines.

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

Decision rationale: The requested 12 physical therapy sessions directed to bilateral wrists, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has bilateral wrist pain. She has occasional shocking electrical pain in her wrists. She has pain when lifting or driving. She has been restricting her lifting at work to less than 5 pounds and had been taking breaks to stretch. She has been attending physical therapy (PT) sessions. She states her pain is improving with PT. She has been limiting the use of naproxen due to GI symptoms. On exam, the documentation stated that there was no swelling or effusion of the wrists. There is normal range of motion with tenderness over the extensor surfaces of both wrists. The Tinel's and Phalen's signs are negative bilaterally. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 12 physical therapy sessions directed to bilateral wrists is not medically necessary.

12 physical therapy sessions directed to bilateral elbows: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested 12 physical therapy sessions directed to bilateral elbows, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has bilateral wrist pain. She has occasional shocking electrical pain in her wrists. She has pain when lifting or driving. She has been restricting her lifting at work to less than 5 pounds and had been taking breaks to stretch. She has been attending physical therapy (PT) sessions. She states her pain is improving with PT. She has been limiting the use of naproxen due to GI symptoms. On exam, the documentation stated that there was no swelling or effusion of the wrists. There is normal range of motion with tenderness over the extensor surfaces of both wrists. The Tinel's and Phalen's signs are negative bilaterally. The treating physician has not documented objective evidence of derived functional

improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 12 physical therapy sessions directed to bilateral elbows is not medically necessary.

Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has bilateral wrist pain. She has occasional shocking electrical pain in her wrists. She has pain when lifting or driving. She has been restricting her lifting at work to less than 5 pounds and had been taking breaks to stretch. She has been attending physical therapy (PT) sessions. She states her pain is improving with PT. She has been limiting the use of naproxen due to GI symptoms. On exam, the documentation stated that there was no swelling or effusion of the wrists. There is normal range of motion with tenderness over the extensor surfaces of both wrists. The Tinel's and Phalen's signs are negative bilaterally. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The criteria noted above not having been met, Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities is not medically necessary.