

Case Number:	CM15-0213180		
Date Assigned:	11/03/2015	Date of Injury:	02/05/2014
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 52 year old female with a date of injury on 2-5-14. A review of the medical records indicates that the injured worker is undergoing treatment for right wrist pain. Progress report dated 9-3-15 reports continued complaints of sharp, shooting, throbbing and burning right wrist pain that travels to her forearm with numbness and tingling in her hand. She reports cramping and weakness in her right hand and has dropped objects. The pain increases with gripping, grasping, flexing, extending, rotating and repetitive hand and finger movements. She has trouble sleeping due to pain. The pain is temporarily relieved with medication, heating pads, ice packs, and use of home TENS unit. Acupuncture, physical therapy and pain medications provide improvement but symptoms remain. Objective findings: tenderness over right distal radius, phalen and reverse phalen testing positive on the right, range of motion was painless without block. Radiographic exam: 2 views of the right hand and wrist showed neutral ulnar variance, mild osteoarthritis changes. Treatment includes: medication, acupuncture, TENS, and physical therapy. Request for authorization dated 9-28-15 was made for EMG/NCV bilateral upper extremities, Physiotherapy 3 times a week for 4 weeks to left and right wrist and left and right hand, 12 sessions, Lidoderm patch (Lidoderm topical 5 percent) quantity 60 with 5 refills. Utilization review dated 10-14-15 modified the request to certify electrodiagnostic studies to the left upper extremity only and the remaining requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/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) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in February 2014 when she fell with injury to the right wrist and hand. Electrodiagnostic testing was done in April 2014 showing findings of moderate right carpal tunnel syndrome. She underwent a right carpal tonal release in January 2015. She had 12 postoperative physical therapy treatment sessions as of 04/14/15. She was tolerating these treatments well and had good overall progress. When seen in September 2015, she had returned to work in April 2015. She was having continuous right wrist and hand pain traveling to the forearm, had numbness, and tingling of her right hand with cramping and weakness. She was having difficulty sleeping. She remained symptomatic despite physical therapy, acupuncture, and medications. Physical examination findings included right distal radius tenderness. Phalen's and reverse Phalen's testing was positive on the right side. There was decreased right two point discrimination testing. Authorization was requested for updated bilateral electrodiagnostic testing and 12 additional sessions of physical therapy. In October 2015, she was having bilateral wrist pain. There was decreased range of motion with positive Phalen's and reverse Phalen's testing. Diagnoses were bilateral carpal tunnel syndrome. Lidoderm was prescribed. Continued unrestricted work was recommended. Indications for repeat electrodiagnostic testing include the following: (1) The development of a new set of symptoms. (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive. (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome). (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis. (5) When there is an unexpected course or change in course of a disease. (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has had EMG/NCS testing. She underwent a right carpal tunnel release nine months before this request and had findings of positive Phalen and reverse Phalen testing. Decreased two-point discrimination is documented. Repeat testing of the right upper extremity would be appropriate. However, there would be no need to test the asymptomatic left upper extremity. Since the request is for the Bilateral Upper Extremities, then the request is not medically necessary.

Physiotherapy 3 times a week for 4 weeks to left and right wrist and left and right hand, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in February 2014 when she fell with injury to the right wrist and hand. Electrodiagnostic testing was done in April 2014 showing findings of moderate right carpal tunnel syndrome. She underwent a right carpal tonal release in January 2015. She had 12 postoperative physical therapy treatment sessions as of 04/14/15. She was tolerating these treatments well and had good overall progress. When seen in September 2015, she had returned to work in April 2015. She was having continuous right wrist and hand pain traveling to the forearm, had numbness, and tingling of her right hand with cramping and weakness. She was having difficulty sleeping. She remained symptomatic despite physical therapy, acupuncture, and medications. Physical examination findings included right distal radius tenderness. Phalen's and reverse Phalen's testing was positive on the right side. There was decreased right two point discrimination testing. Authorization was requested for updated bilateral electrodiagnostic testing and 12 additional sessions of physical therapy. In October 2015, she was having bilateral wrist pain. There was decreased range of motion with positive Phalen's and reverse Phalen's testing. Diagnoses were bilateral carpal tunnel syndrome. Lidoderm was prescribed. Continued unrestricted work was recommended. Carpal tunnel release surgery is considered an effective operation. After the surgery performed, guidelines recommend up to 3-8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. There is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome when managed medically, In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to revise the claimant's home exercise program. The request is not medically necessary.

Lidoderm patch (Lidoderm topical 5%) #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in February 2014 when she fell with injury to the right wrist and hand. Electrodiagnostic testing was done in April 2014 showing findings of moderate right carpal tunnel syndrome. She underwent a right carpal tonal release in January 2015. She had 12 postoperative physical therapy treatment sessions as of 04/14/15. She was tolerating these treatments well and had good overall progress. When seen in September

2015, she had returned to work in April 2015. She was having continuous right wrist and hand pain traveling to the forearm, had numbness, and tingling of her right hand with cramping and weakness. She was having difficulty sleeping. She remained symptomatic despite physical therapy, acupuncture, and medications. Physical examination findings included right distal radius tenderness. Phalen's and reverse Phalen's testing was positive on the right side. There was decreased right two point discrimination testing. Authorization was requested for updated bilateral electrodiagnostic testing and 12 additional sessions of physical therapy. In October 2015, she was having bilateral wrist pain. There was decreased range of motion with positive Phalen's and reverse Phalen's testing. Diagnoses were bilateral carpal tunnel syndrome. Lidoderm was prescribed. Continued unrestricted work was recommended. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, other topical treatments could be considered. Lidoderm is not considered medically necessary.