

<b>Case Number:</b>	CM15-0213433		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	11/23/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 51 year old female, who sustained an industrial injury on 11-23-14. The injured worker was diagnosed as having bilateral wrist tendinitis, bilateral cubital tunnel syndrome, and bilateral carpal tunnel syndrome. Treatment to date has included 8 physical therapy sessions for bilateral wrists, TENS, home exercise, and medication including Effexor and Motrin. Physical exam findings on 7-9-15 included negative Tinel's and Finkelstein's tests bilaterally. No upper extremity tenderness and good bilateral ulnar and median nerve motor and sensory function was noted. Diminished sensation was noted along the ulnar side of the left palm. On 7-9-15 the treating physician noted "she can comb her hair and brush her teeth. She can drive maybe 15 minutes. She can dress herself. It's difficult to write, but she can do it. She can type. She does have trouble sleeping at night because of her right wrist pain especially. She doesn't do any work in her yard. She does not do housework. She doesn't do any sports of any kind." On 7-9-15, the injured worker complained of bilateral wrist pain right greater than left with numbness in the right thumb and tingling in the fingers of bilateral hands. The treating physician requested authorization for electromyogram and nerve conduction velocity of bilateral upper extremities and physical therapy for bilateral upper extremities x12. On 10-2-15 the requests were non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG)/ Nerve conduction velocity (NCV) for bilateral 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 Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Electromyogram (EMG)/ Nerve conduction velocity (NCV) for bilateral extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies 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. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. 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. In this case, the injured worker's working diagnoses are carpal tunnel syndrome bilaterally; right wrist joint inflammation, radio ulnar joint inflammation and CMC joint inflammation on the right and left. Date of injury is November 23, 2014. Request for authorization is dated September 23, 2015. The most recent progress note in the medical record is dated June 24, 2015 by the treating provider. There is no contemporaneous chemical documentation on or about the date of request for authorization September 23, 2015. According to the June 24, 2015 progress note, the injured worker wears thumb Spica splint on the left and carpal tunnel braces. Objectively, there is a positive left Phalen's. There was tenderness to palpation laterally over the wrists with decreased range of motion. There is no documentation on or about the date of request for authorization September 23, 2015. As a result, there is no clinical discussion, indication or rationale for an EMG/NCV of the bilateral upper extremities. Utilization review indicates there are no red flags. There was no conservative treatment documented in the medical record for the reported neuropathy. There was no treatment plan based on the outcome of the electrodiagnostic studies. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation on her about the date of request for authorization and no clinical discussion, indication or rationale for EMG/NCV studies, Electromyogram (EMG)/ Nerve conduction velocity (NCV) for bilateral extremities is not medically necessary.

**Physical therapy 12 visits for bilateral upper extremities:** 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, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 12 visits to the bilateral upper extremities 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 diagnoses are carpal tunnel syndrome bilaterally; right wrist joint inflammation, radio ulnar joint inflammation and CMC joint inflammation on the right and left. Date of injury is November 23, 2014. Request for authorization is dated September 23, 2015. The most recent progress note in the medical record is dated June 24, 2015 by the treating provider. There is no contemporaneous chemical documentation on or about the date of request for authorization September 23, 2015. According to the June 24, 2015 progress note, the injured worker wears thumb Spica splint on the left and carpal tunnel braces. Objectively, there is a positive left Phalen's. There was tenderness to palpation laterally over the wrists with decreased range of motion. There is no documentation on or about the date of request for authorization September 23, 2015. As a result, there is no clinical discussion, indication or rationale for physical therapy. There are no physical therapy progress notes in the medical record. There was no documentation of prior physical therapy with objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. If no prior physical therapy was rendered, the guidelines recommend the six visit clinical trial. The treating provider requested 12 visits of physical therapy to the bilateral upper extremities. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy 12 visits to the bilateral upper extremities is not medically necessary.