

<b>Case Number:</b>	CM15-0215765		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Orthopedic Surgery, Hand Surgery, Sports 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 injured worker is a 32 year old female with neck and bilateral upper extremity symptoms attributed to the cumulative effects of physically light work activities dating back to 08-01-2013. The injured worker was diagnosed as having left dorsal wrist ganglion cyst, rule of bilateral carpal tunnel syndrome, rule out bilateral ulnar nerve entrapment neuropathy and rule out intercarpal ligament tear - both wrists. On medical records dated 09-16-2015, the subjective complaints were noted as pain in her bilateral upper extremities. Objective findings were noted as intermittent dull pain in the right palm with somewhat less pain in the volar wrist, frequent numbness and tingling in hand. Thumb was noted to lock and click at basal joint. Difficulty with tasks was noted that require fine dexterity. The left hand, wrist and forearm were noted as less severe and less frequent symptoms in the left hand as compared to the right described as intermittent dull pain in the palm with somewhat less pain in the volar wrist. Numbness in the hand was noted and with somewhat less pain in the volar wrist. The left hand was noted to have weakness and pain with forceful hand activities and thumb was noted to lock and click at basal joint. The injured worker underwent a nerve conduction study and electromyogram of bilateral upper extremities on 07-31-2015, revealed mild - moderate right median neuropathy at the wrist (carpal tunnel syndrome) affecting sensory component with borderline effect on motor component. Evidence suggested right Martin Gruber anastomosis, mild left median neuropathy at the wrist (carpal tunnel syndrome), mild right ulnar neuropathy across the elbow- mild relative slowing the right ulnar motor nerve across the elbow and no electromyographic evidence of denervation potential in the upper extremity muscles were noted - however if was noted that

EMG does not evaluate small sensory pain fibers and lack of denervation does not exclude radiculopathy or neuritis. The injured worker was noted to have undergone bilateral hand - wrist x-rays which revealed: the bony structures were both noted as normal density, no fracture or dislocation or subluxation, as well as no soft tissue abnormality was demonstrated. Treatment to date included braces, anti-inflammatory medication. Current medications were not listed on 09-16-2015. The Utilization Review (UR) was dated 10-13-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for EMG (electromyography)/ NCV (nerve conduction velocity), bilateral upper extremities, Physical therapy, 2-3 times weekly for 6 weeks, 12-18 sessions and ultrasound, bilateral hands, wrists and elbows was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG (electromyography)/ NCV (nerve conduction velocity), bilateral upper extremities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** This is a request for bilateral upper extremity electrodiagnostic testing. Such testing is discussed on pages 261 and 262 of the CA MTUS guidelines. Records indicate the testing has been performed on more than one occasion. Records provided for my review include the results of bilateral upper extremity electrodiagnostic testing on July 31, 2015. Records from the requesting physician indicate the results of prior testing including the July 31, 2015 testing have not been reviewed. The requested testing has already been performed and does not need to be repeated. Therefore, the request is not medically necessary.

**Ultrasound, bilateral hands, wrists and elbows:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** This is a request for diagnostic ultrasound of both hands, both wrists and both elbows. The patient is a 32-year-old with neck and bilateral upper extremity symptoms attributed to the cumulative effects of physically light work dating back to August 2013. There is no mechanism of significant structural injury, such as to bone, ligament or tendon. Symptoms do not correlate with a specific anatomic injury. There is no reasonable expectation the requested testing would identify a treatable source of symptoms. Typical testing and results are

summarized for various hand and wrist diagnoses or injuries in the California MTUS in table 11-2 on pages 259 and 260 and for elbow problems in table 2 on pages 13 and 14 and there is no mention of such testing for nonspecific pain or any other diagnosis. The requested ultrasound of both hands, both wrists and both elbows is unlikely to positively affect the patient's outcome. Therefore, the request is not medically necessary.

**Physical therapy, 2-3 times weekly for 6 weeks, 12-18 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand (Acute & Chronic).

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

**Decision rationale:** This is a request for 18 therapy sessions over 6 weeks for an individual with a history of neck and upper extremity symptoms attributed to the cumulative effects of occupational activities dating back to August 2013. The appropriate guidelines would be those for physical medicine in the treatment of chronic pain found on pages 98 and 99 of the California MTUS guidelines which suggests 9-10 visits over 8 weeks for unspecified symptoms such as this (page 99). This request for 18 sessions exceeds guidelines. Therefore, the request is not medically necessary.