

Case Number:	CM15-0216215		
Date Assigned:	11/05/2015	Date of Injury:	02/12/2013
Decision Date:	12/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 02-12-2013. The injured worker was diagnosed as having repetitive trauma to right upper extremity, rule out tenosynovitis, and rule out carpal tunnel syndrome or right side and bilateral shoulder sprain. On medical records dated 05-07-2015 and 09-17-2015, the subjective complaints were noted as right hand pain, numbness and tingling and reported things fall out of her hands and gripping and grasping problems. Objective findings were noted as bilateral shoulders as palpation over the acromioclavicular joint and greater tuberosity of the shoulder was painless; no tenderness in the subacromial space of the shoulder to palpation was noted. Range of motion was decreased and restricted on both sides. Right wrist was noted to have unrestricted and painless range of motion in all planes. Tenderness to palpation was noted. There was evidence of carpal tunnel syndrome noted. Right elbow was noted to have full and painless range off range. Treatment to date included medication and home exercise program. Current medications were not listed on 09-17-2015. The Utilization Review (UR) was dated 09-25-2015. A Request for Authorization was submitted 09-17-2015. The UR submitted for this medical review indicated that the request for Electromyography (EMG)-nerve conduction velocity (NCV) of upper extremity and physical therapy 2 times a week for 4 weeks for upper extremity was non-certified.

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 for upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with right hand pain. The current request is for Physical Therapy 2 times a week for 4 weeks for upper extremity. The treating physician's report dated 09/17/2015 (28B) states, "I would like to refer this patient for physical therapy twice a week for four weeks and I am seeking authorization for increasing range of motion, decreasing pain and increasing functional capacity." The patient is not post-surgical. Physical therapy reports were not made available for review. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, it appears that the patient has not had any recent therapy. Given the patient's current symptoms, a short course of therapy is appropriate. The current request is medically necessary.

Electromyography (EMG)/nerve conduction velocity (NCV) of upper extremity:
Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter (updated 5/12/15).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ODG, Pain Chapter, EMG/NCS.

Decision rationale: The patient presents with right hand pain. The current request is for Electromyography (EMG)/ Nerve Conduction Velocity (NCV) of upper extremity. The treating physician's report dated 09/17/2015 (28B) states, "The patient is complaining of right hand pain 9, on 0-10 scale. She also had numbness and tingling and things are falling out of her hands. She is having gripping and grasping problems. I would like to get the NCV/EMG of the right upper extremity to rule out median versus the ulnar nerve pathology." The ACOEM guidelines Chapter 11 on Forearm, Wrist, and Hand complaints page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography -EMG. Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. Medical records do not show any recent or previous EMG/NCV. In this case, the physician would like to rule out median versus ulnar nerve pathology, and given the patient's significant symptoms, the request is supported by the guidelines. The current request is medically necessary.