

Case Number:	CM15-0034311		
Date Assigned:	03/02/2015	Date of Injury:	04/21/2009
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 56-year-old female, who sustained an industrial injury on April 21, 2009. She has reported a repetitive work injury of the upper extremity/hand. The diagnoses have included right shoulder internal derangement, left shoulder internal derangement, bilateral wrist carpal tunnel syndrome and status post right carpal tunnel release. Treatment to date has included diagnostic studies, surgery and medications. On January 10, 2015, the injured worker complained of frequent, severe and sharp bilateral shoulder pain and stiffness associating with writing. She rated the pain as an 8 on a 1-10 pain scale. She also complained of intermittent, moderate and sharp bilateral wrist pain, numbness and tingling. This pain was associated with prolonged gripping, prolonged squeezing and prolonged pushing. On February 5, 2015 Utilization Review non-certified electromyogram right upper extremity, electromyogram left upper extremity, nerve conduction velocity right upper extremity, nerve conduction velocity left upper extremity, voltage-actuated sensory nerve conduction threshold test bilateral upper extremities, acupuncture bilateral shoulders/wrists, chiropractic treatments bilateral shoulders/wrists and physiotherapy bilateral shoulders/wrists, noting the CA MTUS/ACOEM and Official Disability Guidelines. On February 23, 2015, the injured worker submitted an application for Independent Medical Review for review of electromyogram right upper extremity, electromyogram left upper extremity, nerve conduction velocity right upper extremity, nerve conduction velocity left upper extremity, voltage-actuated sensory nerve conduction threshold test bilateral upper extremities, acupuncture bilateral shoulders/wrists, chiropractic treatments bilateral shoulders/wrists and physiotherapy bilateral shoulders/wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG), right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Electrodiagnostic studies (EDS). ODG - Carpal Tunnel Syndrome (Acute & Chronic), Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints (Page 272) indicates that routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not recommended. Official Disability Guidelines (ODG) indicates that electrodiagnostic studies (EDS) are recommended in patients with clinical signs of CTS carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. Electromyography (EMG) is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). Seldom is it required that both studies be accomplished in straightforward condition of median neuropathies. The primary treating physician's progress report dated 1/10/15 documented bilateral wrist complaints. The patient complains of intermittent moderate sharp bilateral wrist pain, numbness and tingling, associated with prolonged gripping, prolonged squeezing and prolonged pushing. Reverse Phalen Test was positive. The patient is status post right carpal tunnel release. The diagnosis was bilateral wrist carpal tunnel syndrome. Per ODG, electromyography (EMG) is not generally necessary. Electromyography (EMG) is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). Seldom is it required that both studies be accomplished in straightforward condition of median neuropathies. Given the straightforward diagnosis of carpal tunnel syndrome, the request for electromyography (EMG) is not supported by ODG guidelines. Therefore, the request for electromyography (EMG) of the right upper extremity is not medically necessary.

Electromyogram (EMG), left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Electrodiagnostic studies (EDS).

ODG - Carpal Tunnel Syndrome (Acute & Chronic), Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints (Page 272) indicates that routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not recommended. Official Disability Guidelines (ODG) indicates that electrodiagnostic studies (EDS) are recommended in patients with clinical signs of CTS carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. Electromyography (EMG) is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). Seldom is it required that both studies be accomplished in straightforward condition of median neuropathies. The primary treating physician's progress report dated 1/10/15 documented bilateral wrist complaints. The patient complains of intermittent moderate sharp bilateral wrist pain, numbness and tingling, associated with prolonged gripping, prolonged squeezing and prolonged pushing. Reverse Phalen Test was positive. The patient is status post right carpal tunnel release. The diagnosis was bilateral wrist carpal tunnel syndrome. Per ODG, electromyography (EMG) is not generally necessary. Electromyography (EMG) is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). Seldom is it required that both studies be accomplished in straightforward condition of median neuropathies. Given the straightforward diagnosis of carpal tunnel syndrome, the request for electromyography (EMG) is not supported by ODG guidelines. Therefore, the request for electromyography (EMG) of the left upper extremity is not medically necessary.

Nerve Conduction Velocity (NCV), right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Electrodiagnostic studies (EDS). Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints indicates that nerve conduction velocity (NCV) is recommended for median nerve impingement at the wrist. Official Disability Guidelines (ODG) indicates that electrodiagnostic studies (EDS) is recommended in patients with clinical signs of CTS carpal tunnel syndrome. Electrodiagnostic testing includes testing for nerve conduction velocity (NCV), but the addition of electromyography (EMG) is not generally necessary. Nerve conduction studies (NCS) is recommended in patients with clinical signs of CTS carpal tunnel syndrome. Carpal tunnel

syndrome must be proved by positive findings on clinical examination. The primary treating physician's progress report dated 1/10/15 documented bilateral wrist complaints. The patient complains of intermittent moderate sharp bilateral wrist pain, numbness and tingling, associated with prolonged gripping, prolonged squeezing and prolonged pushing. Reverse Phalen Test was positive. The patient is status post right carpal tunnel release. The diagnosis was bilateral wrist carpal tunnel syndrome. ACOEM and ODG guidelines recommend nerve conduction studies (NCS) for patients with clinical signs of CTS carpal tunnel syndrome. The patient has a history of bilateral carpal tunnel syndrome, and currently has clinical signs of carpal tunnel syndrome. Therefore, the request for nerve conduction velocity (NCV) studies is supported by ACOEM and ODG guidelines. Therefore, the request for nerve conduction velocity (NCV) of the right upper extremity is medically necessary.

Nerve Conduction Velocity (NCV), left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Electrodiagnostic studies (EDS). Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints indicates that nerve conduction velocity (NCV) is recommended for median nerve impingement at the wrist. Official Disability Guidelines (ODG) indicates that electrodiagnostic studies (EDS) is recommended in patients with clinical signs of CTS carpal tunnel syndrome. Electrodiagnostic testing includes testing for nerve conduction velocity (NCV), but the addition of electromyography (EMG) is not generally necessary. Nerve conduction studies (NCS) is recommended in patients with clinical signs of CTS carpal tunnel syndrome. Carpal tunnel syndrome must be proved by positive findings on clinical examination. The primary treating physician's progress report dated 1/10/15 documented bilateral wrist complaints. The patient complains of intermittent moderate sharp bilateral wrist pain, numbness and tingling, associated with prolonged gripping, prolonged squeezing and prolonged pushing. Reverse Phalen Test was positive. The patient is status post right carpal tunnel release. The diagnosis was bilateral wrist carpal tunnel syndrome. ACOEM and ODG guidelines recommend nerve conduction studies (NCS) for patients with clinical signs of CTS carpal tunnel syndrome. The patient has a history of bilateral carpal tunnel syndrome, and currently has clinical signs of carpal tunnel syndrome. Therefore, the request for nerve conduction velocity (NCV) studies is supported by ACOEM and ODG guidelines. Therefore, the request for nerve conduction velocity (NCV) of the left upper extremity is medically necessary.

Voltage-actuated Sensory Nerve Conduction Threshold Test (VsNCT), bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services, CMS.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) - Voltage actuated sensory nerve conduction (testing), Current perception threshold (CPT) testing.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address V-sNCT voltage actuated sensory nerve conduction testing. Official Disability Guidelines (ODG) indicates that voltage actuated sensory nerve conduction testing is not recommended. Official Disability Guidelines (ODG) indicates that current perception threshold (CPT) testing is not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. The American Academy of Neurology (AAN) and the American Association of Electrodiagnostic Medicine (AAEM) have both concluded that there is insufficient evidence to validate the usage of current perception threshold (CPT) testing. The Centers for Medicare and Medicaid Services (CMS) conducted an independent review of 342+ published studies and reconfirmed their 2002 findings that there still exist conflicting data reports, lack of standards, and insufficient trials to validate the efficacy of any type of s-NCT device. CMS concludes that the use of any type of sNCT device, including current output type device used to perform current perception threshold (CPT), pain perception threshold (PPT), or pain tolerance threshold (PTT) testing or "voltage input" type device used for voltage-nerve conduction threshold (v-NCT) testing, to diagnose sensory neuropathies or radiculopathies is not reasonable and necessary. The primary treating physician's progress report dated 1/10/15 documented bilateral wrist and shoulder complaints. The request Voltage actuated sensory nerve conduction testing (V-sNCT) is not supported by ODG guidelines. Therefore, the request for voltage actuated sensory nerve conduction testing (V-sNCT) of bilateral upper extremities is not medically necessary.

Acupuncture, bilateral shoulders/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Medical records indicate that the patient has received acupuncture treatments in the past. The primary treating physician's progress report

dated 1/10/15 documented bilateral wrist and shoulder complaints. The 1/10/15 progress report does not document functional improvement with past acupuncture treatments. MTUS Acupuncture Medical Treatment Guidelines state that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Because no functional improvement with past acupuncture treatments was documented, the request for additional acupuncture is not supported by MTUS guidelines. Therefore, the request for acupuncture is not medically necessary.

Chiropractic treatments, bilateral shoulder/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page 30. Manual therapy & manipulation Page 58-60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address chiropractic treatment. Per MTUS guidelines, chiropractic treatment is not recommended for forearm, wrist, and hand conditions (Page 58). Per MTUS guidelines, chiropractic treatment is not recommended for carpal tunnel syndrome (Page 58). MTUS Chronic Pain Medical Treatment Guidelines address chiropractic treatment and manipulation. Manipulation is a passive treatment. The maximum duration of chiropractic treatment is 8 weeks. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective functional improvement. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Per MTUS guidelines, chiropractic treatment, manual therapy and manipulation are not recommended for carpal tunnel syndrome, forearm, wrist, and hand conditions. Medical records indicate that the patient has physical medicine treatments in the past. The primary treating physician's progress report dated 1/10/15 documented the diagnosis of bilateral wrist carpal tunnel syndrome. The 1/10/15 progress report does not document functional improvement with past chiropractic treatments. Because functional improvement was not documented in the 1/10/15 progress report, the request for chiropractic treatments is not supported by MTUS guidelines. Therefore, the request for chiropractic is not medically necessary.

Physiotherapy, bilateral shoulders/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG - Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical records indicate that the patient had physical medicine treatments in the past. The primary treating physician's progress report dated 1/10/15 documented bilateral wrist and shoulder complaints. The 1/10/15 progress report does not document functional improvement with past physical therapy treatments. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. No functional improvement with past physical therapy was documented in the 1/10/15 progress report. Because no functional improvement was documented in the 1/10/15 progress report, the request for physical therapy is not supported by MTUS guidelines. Therefore, the request for physical therapy is not medically necessary.