

Case Number:	CM15-0035610		
Date Assigned:	03/04/2015	Date of Injury:	09/17/2012
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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, Arizona

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:

The injured worker is a 44-year-old female who reported an injury on 09/17/2012. The mechanism of injury was due to the repetitive nature of her job. The injured worker underwent a carpal tunnel release in 03/2013. The diagnoses included carpal tunnel syndrome, other postprocedural status, radial styloid tenosynovitis, and myalgia and myositis (unspecified). Prior therapies and treatments included physical therapy and carpal tunnel surgery. There was a Request for Authorization dated 04/09/2014 for physical therapy. The documentation of 04/09/2014 revealed the injured worker was evaluated/and was noted to have a carpal tunnel release and was treated with physical therapy. The examination of the left wrist revealed that there was point tenderness in the first extensor compartment and a positive Finkelstein's test. The left hand examination revealed the Phalen's test and Tinel's test were positive. The neurological examination revealed strength of 5/5. The injured worker had diminished sensation over the left thumb, index, and middle fingers. The diagnoses included left hand carpal tunnel syndrome, left hand status post carpal tunnel release, and left De Quervain's tenosynovitis. The treatment plan included an EMG/NCS of the bilateral upper extremities to evaluate the left hand neuropathy and to follow-up on the right hand. Additionally, the Request for Authorization was made for physical therapy to include ultrasound, massage, and therapeutic exercises 3 times a week for the left hand. The medications included Anaprox 550 mg #60 for inflammation and swelling and Protonix 20 mg #60 for relief of upset stomach as well as Ultram ER 150 mg #30 for pain. The injured worker previously underwent an MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for the wrist and hand, home therapy program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits and for neuralgia, neuritis, and radiculitis up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone therapy. There was a lack of documentation indicating the injured worker's objective functional improvement with prior therapy and remaining objective functional deficits. The request as submitted failed to indicate the laterality to be treated. There was a lack of documentation indicating the injured worker could not obtain the same benefits in a home therapy program. Given the above, the request for physical therapy 3 times 4 for the wrist and hand, home therapy program, is not medically necessary.

EMG (electromyography)/NCV (nerve conduction velocity) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine state that electromyography (EMG) and nerve conduction velocities EMG(NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The rationale indicated it was for follow-up, but no objective findings were noted related to the right upper extremity. There was a lack of documentation of a neuropathic condition, myotomal or dermatomal findings related to the right upper extremity. Given the above, the request for EMG (electromyography)/NCV (nerve conduction velocity) of the right upper extremity is not medically necessary.