

<b>Case Number:</b>	CM15-0050649		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Ohio, North Carolina, Virginia  
Certification(s)/Specialty: Family Practice

### 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 23-year-old female, who sustained an industrial injury on 7/25/14. She reported pain in the right wrist related to cumulative trauma. The injured worker was diagnosed as having right thumb tendinitis and possible carpal tunnel syndrome. Treatment to date has included physical therapy, wrist brace and pain medications. As of the PR2 dated 3/4/15, the injured worker reports pain, weakness, swelling and stiffness in her right wrist. The treating physician requested physical therapy to the right wrist and an EMG/NCV study of the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the right wrist, three times a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist and Hand Chapter-Physical/Occupational Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline. Forearm, wrist, and hand chapter. Physical/occupational therapy section.

**Decision rationale:** The Official Disability Guidelines allow for 9 physical therapy visits over 8 weeks for synovitis/tenosynovitis of the hand/wrist. Per the utilization reviewer note, this injured worker has completed 24 sessions of physical therapy previously. The encounter note from 3-4-2105 states that the injured worker has full range of motion of the wrist. Motrin, Voltaren gel, and night splints were prescribed. The quantity of physical therapy received to date exceeds that recommended by the guidelines. There are no range of motion deficits remaining. Therefore, physical therapy 3 times a week for 4 weeks is not medically necessary in view of the medical record provided and with reference to the cited guidelines.

**Electromyography and Nerve Conduction Study of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist and Hand Chapter: Electrodiagnostic testing (EMG/NCS); Carpal Tunnel Chapter: Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carpal tunnel syndrome Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines. Carpal tunnel syndrome chapter. Nerve conduction velocity testing section.

**Decision rationale:** Carpal Tunnel Syndrome does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. Per the Official Disability Guidelines, nerve conduction studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. In this instance, the injured worker has occasional subjective numbness in the right hand but has no clinical neurologic signs to support the diagnosis of carpal tunnel syndrome. Tinel's and Phalen's signs are normal. There is no mention of numbness to any portion of the right hand. Therefore, EMG/NCV testing of the right upper extremity is not medically necessary.