

<b>Case Number:</b>	CM15-0055066		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	11/24/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: 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 29-year-old female who reported injury on 11/24/2014. The mechanism of injury was not provided. The documentation of 02/17/2015 revealed the injured worker had complaints of intermittent, moderate, sharp right wrist pain with stiffness and weakness, associated with grabbing, grasping, gripping, and squeezing. The injured worker had numbness in the right hand. The injured worker had a history of high blood pressure. The objective findings revealed decreased range of motion of the right wrist. There was tenderness to palpation of the dorsal wrist. There was muscle spasm in the forearm, and the Phalen's caused pain. There were decreased sensations to the median nerve distribution on the right. The diagnoses included right carpal tunnel syndrome. The treatment plan included physical therapy, exercise, and acupuncture 1 time a week for 4 weeks due to decreased pain and spasm and increased range of motion. The request was made for an MRI of the right hand and wrist, NCV/EMG of the bilateral upper extremities, and a consult for medication. Additionally, the request was made for pulmonary and respiratory diagnostic testing, including a sleep disordered breathing study in order to objectively measure the injured worker's respiratory function and screen for signs or symptoms that are arising out of the industrial injury that are known to be influenced or aggravated by pulmonary and/or respiratory abnormalities. Additionally, the request was made for an interferential until for 5 months rental, to be used 30 minutes 3 to 5 times per day to aid in pain reduction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardio-Respiratory Diagnostic Testing (Autonomic Function Assessment): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/16464634> - Assessment of cardiovascular autonomic function.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/16464634> accessed 5-10-15.

**Decision rationale:** Per the National Institutes of Health, Autonomic assessment has played an important role in elucidating the role of the autonomic nervous system in diverse clinical and research settings. The physician documentation indicated the testing should include a sleep disordered breathing study. There was a lack of documentation indicating the injured worker was having difficulty sleeping. There was a lack of documentation indicating how this testing would change the treatment of the injured worker's carpal tunnel syndrome. Given the above, the request for Cardio-Respiratory Diagnostic Testing (Autonomic Function Assessment) is not medically necessary.

**Electromyography (EMG) of the Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 states that Electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to provide documentation of conservative care that was provided. There was a lack of documentation of radicular findings to support the necessity for an EMG. Given the above the request for electromyography (EMG) of the right upper extremity is not medically necessary.

**Electromyography (EMG) of the Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 states that Electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to provide documentation of conservative care that was provided. There was a lack of documentation of myotomal and dermatomal findings to support the necessity for an EMG. Given the above, the request for electromyography (EMG) of the left upper extremity is not medically necessary.

**Nerve Conduction Velocity (NCV) of the Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 states that nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to provide objective findings on the left upper extremity. The documentation indicated the injured worker was to undergo bilateral nerve conduction studies. The rationale for the inclusion of the left upper extremity was not provided. The injured worker was diagnosed with right carpal tunnel syndrome. Given the above and the lack of documentation of objective findings regarding the left upper extremity, the request for nerve conduction velocity (NCV) of the left upper extremity is not medically necessary.

**Interferential Unit for 5 Months Rental for the Right Wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

**Decision rationale:** The California Medical Treatment & Utilization Schedule guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review failed to indicate the interferential current stimulation would not be used as an isolated intervention. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Interferential Unit for 5 Months Rental for the Right Wrist is not medically necessary.

**MRI of the Right Hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The ACOEM guidelines indicate that for most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of the conservative care that was provided. There was a lack of documentation to the duration of conservative care. There was a lack of documentation of objective findings to support the necessity for an MRI of the right hand. Given the above, the request for MRI of the right hand is not medically necessary.

**MRI of the Right Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The ACOEM guidelines indicate that for most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of the conservative care that was provided. There was a lack of documentation to the duration of conservative care. There was a lack of documentation of objective findings to support the necessity for an MRI of the right wrist. Given the above, the request for MRI of the right wrist is not medically necessary.