

Case Number:	CM15-0055406		
Date Assigned:	03/30/2015	Date of Injury:	09/19/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	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: 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 55 year old female, who sustained an industrial injury on September 19, 2014. She reported bilateral hand and wrist pain, shoulder pain and associated tingling and numbness of the hands. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, bilateral carpal tunnel releases, physical therapy, medications and work restrictions. Currently, the injured worker complains of bilateral hand and wrist pain, shoulder pain and associated tingling and numbness of the hands. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 12, 2015, revealed continued post-operative pain. She was noted to wear bilateral wrist braces for support. The plan included electrodiagnostic studies for the upper extremities, therapy and a neurology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Occupational Therapy, quantity 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The MTUS/Post-Surgical Treatment Guidelines comment on the use of physical therapy as part of the treatment of carpal tunnel syndrome. These guidelines provide recommendations for the number of visits that may be authorized. They are as follows: Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. In this case the medical records indicate that the patient has been previously authorized to receive 6 sessions of physical therapy for the post-operative period. It is unclear whether the patient has completed these previously authorized sessions. The additional request for 6 more sessions exceeds the postsurgical treatment recommendations of 8 visits. For these reasons, 6 sessions of Post-Operative Occupational Therapy is not medically necessary.

Neurology Consultation, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-1 and Algorithm 11-3.

Decision rationale: The MTUS/ACOEM Guidelines provides recommendations on the evaluation and management of patients who have complaints consistent with carpal tunnel syndrome as well as complaints focused on the forearm, wrist and hands. These guidelines also provide recommendations for patients whose symptoms suggest the need for referral to a specialist. The guidelines recommend further evaluation for patients who show evidence of red flags that may be indicators for a potentially serious underlying condition. These red flags are described in Table 11-1 (Red flags for potentially serious forearm, wrist and hand complaints). The medical records available for review do not provide any evidence for a red flag symptom or physical examination finding. The guidelines also provide an approach to the evaluation of slow-to-recover patients with occupational forearm, wrist and hand complaints in Algorithm 11-3. This algorithm comments on the indication for referral. The medical records available for review do not provide any evidence that requires consideration for specialty referral. Finally, the medical records do not describe the rationale behind the request for neurologic consultation. For example, there is no evidence that the treating physician is requesting this consultation due to the need to consider alternative diagnoses for the patient's condition. For these reasons, a Neurologic Consultation X1 is not medically necessary.

EMG/NCS Right Upper Extremity, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Regarding Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Algorithm 11-3 (Evaluation of Slow-to-Recover Patients).

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation and management of patients with carpal tunnel syndrome. These are included in the chapter on forearm, wrist and hand complaints. Within these guidelines are recommendations for electrodiagnostic studies. These are included in Algorithm 11-3 (Evaluation of Slow-To-Recover Patients with Occupational Forearm, Wrist and Hand Complaints). While Nerve Conduction Velocity (NCV) studies are recommended, particularly when the patient has failed to respond to conservative treatments, EMGs are not recommended. In this case, the treating physician has provided sufficient justification for the use of NCV studies; however, there is no justification for EMGs. For this reason, EMG/NCV of the right upper extremity X1 is not medically necessary.