

<b>Case Number:</b>	CM15-0056343		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Texas, 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 51-year-old female who sustained an industrial injury on 5/30/14. The injured worker reported symptoms in the bilateral upper extremities. The injured worker was diagnosed as having carpal tunnel syndrome, lateral epicondylitis, and synovium tendon and bursa disorders not elsewhere classified. Treatments to date have included hand therapy, injections, home exercise program, and bracing. Currently, the injured worker complains of pain in the bilateral upper extremities. The plan of care was for an Electromyography/Nerve Conduction Velocity, physical therapy and a follow up appointment later. The patient has had EMG/NCV in 8/14/14 that revealed that revealed mild CTS on right. The patient had received two cortisone injections in right wrist without improvement. The patient had used a right wrist brace and TFCC brace for this injury. The medication list includes Celebrex. Patient has received an unspecified number of PT visits for this injury. Per the doctor's note, dated 1/12/15 patient had complaints of pain in bilateral wrist with numbness. Physical examination of the bilateral wrist revealed positive Finkelstein test, tenderness on palpation, normal sensory examination. The patient has had X-ray of the bilateral hands on 12/23/14, which were normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat EMG/NCV of the Bilateral Upper Extremities to Evaluate for CTS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out" "Electromyography (EMG), and nerve conduction velocities (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 patient has had EMG/NCV in 8/14/14 that revealed mild CTS on right any significant changes in objective physical examination findings since the last electro diagnostic study that would require a repeat electro diagnostic study were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous PT visit notes were not specified in the records provided. The medical necessity of the request for Repeat EMG/NCV of the Bilateral Upper Extremities to Evaluate for CTS is not fully established for this patient. Therefore, this request is not medically necessary.

#### **Hand Physical Therapy 1 x 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Forearm, Wrist & Hand, Physical/Occupational Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy - Page(s): 98.

**Decision rationale:** Hand Physical Therapy 1 x 6 the guidelines cited below state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Hand Physical Therapy 1 x 6 is not fully established for this patient. Therefore, this request is not medically necessary.