

<b>Case Number:</b>	CM15-0056464		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/24/2015
<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: California, Hawaii  
 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 51-year-old female, who sustained an industrial injury on 3/1/2012. She reported injury of the neck, shoulders and right wrist after unloading a pallet, and repetitive use of the upper extremities. The injured worker was diagnosed as having cervical radicular pain, right wrist tendinitis, right wrist contracture, right elbow lateral epicondylitis, and cervical strain. Treatment to date has included medications, and magnetic resonance imaging. A QME report on 8/29/2014 indicates she had 8-10 physical therapy sessions of the right shoulder, elbow, wrist and hand from 3/2012 to 4/2012. On 2/4/2015, she complained of neck pain rated 6-8/10 on a pain scale, which she indicates is better with Gabapentin and Diclofenac. The treatment plan included: request for cervical epidural steroid injection, physical therapy, acupuncture, referral for pulmonary, and medications. The provider indicated she had dizziness with Gabapentin and then prescribed Lyrica. On this same date she was seen by another provider for complain of right wrist pain which she rated 8-9/10. The treatment plan included the request for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Physical Therapy Visits for the Right Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain affecting the neck and right wrist. The current request is for 18 Physical therapy Visits for the Right Wrist. The treating physician report dated 2/4/15 (27C) states, "She is indicated for a course of physical therapy, 3 x 6 weeks for the right wrist. The report goes on to diagnose the patient with: Right wrist tendinitis and right wrist contracture." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical report provided, show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were dedicated to the right wrist. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 18 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is not medically necessary.

**EMG Bilateral Upper Extremities:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation neck and upper back, EMG.

**Decision rationale:** The patient presents with pain affecting the neck and right wrist. The current request is for EMG Bilateral Upper Extremities. The treating physician report dated 2/4/15 (27C) states, "The patient is indicated for electrodiagnostic testing of bilateral upper extremities to evaluate for carpal tunnel syndrome." The ACOEM guidelines state, "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 assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, "test may be repeated later in the course of treatment if symptoms persist." The medical reports provided, do not show that the patient has received prior EMG or NCV studies previously. In this case, the patient presents with worsening neck pain with radiation down the right upper extremity that has persisted for longer than 3-4 weeks. Furthermore, the treating physician feels that the current request is medically necessary to determine if the patient has carpal tunnel syndrome or if the symptoms are the cause of cervical radiculopathy. Recommendation is for authorization.

