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| <b>Case Number:</b>   | CM15-0083517 |                              |            |
| <b>Date Assigned:</b> | 05/05/2015   | <b>Date of Injury:</b>       | 03/22/2013 |
| <b>Decision Date:</b> | 06/15/2015   | <b>UR Denial Date:</b>       | 04/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/30/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old female, who sustained an industrial injury on 03/22/2013. She has reported subsequent neck pain, headaches and numbness/tingling of the hands and was diagnosed with neck sprain and bilateral carpal tunnel syndrome. Treatment to date has included oral pain medication, physical therapy and chiropractic therapy. In a progress note dated 03/04/2015, the injured worker complained of progressive neck pain and headaches. Objective findings were notable for mild persistent tenderness of the rhomboideus major and minor and diminished sensation in the 1st, 2nd and 3rd digits of the bilateral hands. A request for authorization of electromyogram/nerve conduction study of the bilateral upper extremities and physical therapy of the bilateral upper extremities and neck (no frequency or duration specified) was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV BUE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Electrodiagnostic studies (EDS).

**Decision rationale:** The claimant is more than two years status post work-related injury and continues to be treated for neck pain. When seen, she was having 2-3 episodes of progressive neck pain and headaches since the previous assessment. She had been seen in an emergency room. The assessment references improvement in other symptoms. She was not having pain when she was seen. Physical examination findings included negative feeling, canal, and carpal compression testing with normal strength. There was normal wrist range of motion and no tenderness over the median nerves. There was decreased first, second and third finger sensation. Prior treatments had included 12 sessions of physical therapy. Nerve conduction testing is recommended in patients with clinical signs of CTS who may be candidates for surgery. Needle electromyography (EMG) may be helpful as part of electro diagnostic studies which include nerve conduction studies. In this case, the claimant was improving when the request was made and would not likely have been considered a surgical candidate. Therefore, the requested testing was not medically necessary.

**Physical Therapy BUE and neck (no frequency and duration):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than two years status post work-related injury and continues to be treated for neck pain. When seen, she was having 2-3 episodes of progressive neck pain and headaches since the previous assessment. She had been seen in an emergency room. The assessment references improvement in other symptoms. She was not having pain when she was seen. Physical examination findings included negative feeling, canal, and carpal compression testing with normal strength. There was normal wrist range of motion and no tenderness over the median nerves. There was decreased first, second and third finger sensation. Prior treatments had included 12 sessions of physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing an unknown number of additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The additional physical therapy was not medically necessary.