

Case Number:	CM15-0241660		
Date Assigned:	12/18/2015	Date of Injury:	01/01/2005
Decision Date:	01/28/2016	UR Denial Date:	12/09/2015
Priority:	Standard	Application Received:	12/11/2015

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: New Jersey

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 62 year old female who sustained an industrial injury on 1-1-05. A review of the medical records indicates that the worker is undergoing treatment for carpal tunnel syndrome - right upper limb, lesion of the ulnar nerve - right upper limb, unspecified mononeuropathy of the right upper limb, pain in the right shoulder, lateral epicondylitis, right elbow, and pain in the right forearm. Subjective complaints (11-18-15) include neck pain, bilateral upper extremity pain and right shoulder pain. Pain with medications is rated at 5 out of 10 and without medications is rated at 7 out of 10. The worker reports she does small chores around the house and minimal activities outside of the house at least 2 days a week. Activity level is reported as decreased. Current medication includes Celexa, Dilacor XR, Flexeril, Hydrochlorothiazide, Lopressor, Norco, Nortriptyline Hcl, Restoril, and Zantac. Objective findings (11-18-15) include restricted neck flexion limited to 20 degrees and extension limited to 25 degrees, Spurling's maneuver causes radicular symptoms (right), tenderness of the paracervical muscles; trapezius and supraspinatus, increased trapezius muscle tone and palpable tenderness (right), restricted movement of the right shoulder (in a sling flexion), tenderness to palpation in the (left) supraspinatus, tenderness to palpation over the (left) lateral epicondyle, Phalen's and Tinel's signs are positive in both wrists and tenderness to palpation is noted over the ulnar side. Motor examination reveals motor grip strength is noted as 4 out of 5 on the right and 5 out of 5 on the left, and shoulder flexor; external rotation and internal rotation is 4 out of 5 on the right. Light touch sensation is noted as decreased over the thumb, index finger, middle finger, ring finger, little finger, medial hand, lateral hand medial forearm surgical scars on the right and

left, and complaints of increased right upper extremity pain and radiculopathy. EMG-NCS of bilateral upper extremities (2-17-14) reveals: "1. There is electrodiagnostic evidence of bilateral mild CTS." (carpal tunnel syndrome) and "2. There is no electrodiagnostic evidence of right or left cubital tunnel syndrome, plexopathy or cervical radiculopathy." It is noted that the MRI of the right shoulder has been reviewed and the recommendation is total reverse shoulder surgery and that authorization is pending. Work status was noted as temporary total disability. Previous treatment includes right bicipital groove injection (6-4-14), medication, surgery, and physical therapy. The requested treatment of 8 sessions of physical therapy for the upper extremities and (EMG-NCS) electromyography and nerve conduction study of the right upper extremity was non-certified on 12-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) session of physical therapy for upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy in the form of passive therapy for the upper extremities is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 10 supervised physical therapy visits over 8 weeks for myalgia-type pain and up to 9 sessions for neuropathic pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the effects of previously completed physical therapy was not sufficiently reported in the notes provided. There was no clear description of measurable functional gains attributable to the completed therapy. Also, enough was completed which should have helped the worker learn home exercises. There was nothing in the notes which suggested the worker was not able to perform home exercises to continue physical therapy unsupervised at this point more than 10 years following injury. Therefore, this request for additional physical therapy will not be considered medically unnecessary.

EMG/NCS of the right upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for arm) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, new symptoms of neck pain were reported with perceived radiation to the arm. Although this worker's history is significant for bilateral carpal tunnel syndrome and the reported symptoms may be unrelated to the neck pain, it is reasonable to confirm this with nerve testing as it is not clear on examination. Therefore, this request for right upper extremity nerve testing is reasonable and medically necessary.