

<b>Case Number:</b>	CM14-0010984		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 39-year-old male who has filed a claim for cervical sprain with radiculitis associated with an industrial injury date of January 24, 2013. Review of progress notes indicates headaches, neck pain radiating to the upper extremities, low back pain radiating to the mid back, bilateral shoulder pain, bilateral elbow pain radiating to the wrists and hands, and bilateral wrist and hand pain radiating to the fingers with numbness. Patient also reports sleep difficulty. Findings include tenderness over the cervical, thoracic, and lumbosacral spine with full range of motion with pain in all planes; tenderness over the right wrist; positive Tinel's and Phalen's on the right wrist; and decreased sensation of the right thumb, 2nd, and 3rd fingers. X-rays of the wrists and hands dated September 11, 2013 showed soft tissue swelling. Treatment to date has included NSAIDs, opioids, sedatives, physical therapy, chiropractic therapy, right wrist bracing, and surgical excisions for right dorsal ganglion. Utilization review from December 20, 2013 denied the requests for EMG/NCV of bilateral upper extremities as there was no documentation of findings suggestive of carpal tunnel syndrome, or of trials of conservative management; chiropractic therapy 1x4 for the lumbar spine and bilateral hands, and physical therapy 2x4 for bilateral hands and thoracic spine as there was no documentation of functional improvement with previous sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG BILATERAL UPPER EXTREMITIES:** 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 chapter, Electrodiagnostic studies (EDS).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. This includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. Electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies. In this case, the patient presents with findings suggestive of right carpal tunnel syndrome. However, an EMG is not necessary to diagnose carpal tunnel syndrome. Therefore, the request for EMG bilateral upper extremities is not medically necessary.

**NCV BILATERAL UPPER EXTREMITIES:** 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 chapter, Electrodiagnostic studies (EDS)

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. This includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. Electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies. In this case, the patient presents with examination findings suggestive of right carpal tunnel syndrome. There was no documentation regarding the left wrist to support an NCV of the bilateral upper extremities. Therefore, the request for NCV bilateral upper extremities is not medically necessary.

**CHIROPRACTIC TREATMENT 1 TIME PER WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE AND BILATERAL HANDS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, trial of 6 visits is recommended, and with evidence of objective functional improvement, a total of up to 18 visits is supported. It is not recommended for carpal tunnel syndrome and the forearm, wrist, and hand. This patient has had at least 7 chiropractic sessions, but there is no documentation regarding functional improvement from these sessions. Also, chiropractic therapy is not recommended for the hands. Therefore, the request for 1x4 chiropractic sessions for the lumbar spine and bilateral hands is not medically necessary.

**PHYSICAL THERAPY WITH MODALITIES 2 TIMES A WEEK FOR 4 WEEKS FOR THE BILATERAL HANDS AND THORACIC SPINE:** 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:** Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. For myalgia and myositis, 9-10 visits over 8 weeks is recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. This patient has had 26 physical therapy sessions, but there is no documentation of significant functional benefits from previous sessions. Therefore, the request for physical therapy 2x4 for the bilateral hands and thoracic spine is not medically necessary.