

<b>Case Number:</b>	CM14-0136867		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 injured worker is a 58-year-old who sustained injury to his left upper extremity on December 24, 2012. Mechanism of injury was not documented. The injured worker was status post ORIF for left radius shaft fracture with use of local bone graft to bone graft the fracture site dated April 30, 2014. Progress report dated August 5, 2014 reported that the injured worker noted improvement in his pain, but was complaining of persistent numbness of the hand. Physical examination noted no acute distress; no swelling or signs of infection to the left arm/wrist; mild stiffness of the wrist/fingers; no tenderness over flexor/extensors service surfaces; range of motion for the bilateral fingers was within normal limits; numbness diffusely in the hands; motor strength within normal limits; deep tendon reflexes 2+ throughout bilaterally; negative Phalen's, Tinel's, and Finklestein's testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of additional physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13.

**Decision rationale:** The request for twelve visits of additional physical therapy is not medically necessary. Previous request was denied on the basis that the medical history and examination do not provide sufficient details to support another course of physical therapy. There was no documentation of injured worker participating in a home exercise program. By this juncture, the injured worker should have already been instructed in coping skills in how to self manage his condition via home exercise program. There were no red flags or compelling rationale that would support medical necessity of the additional supervised physical therapy over self directed home exercise program; given this, the request for twelve sessions of additional physical therapy is not medically necessary or appropriate.

**Electromyography (EMG) of the left upper extremity:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter, Electromyography (EMG)

**Decision rationale:** Previous request was denied on the basis that there was no documentation of motor weakness, muscle atrophy, dermatomal sensory deficit, and abnormal deep tendon reflexes of the upper extremities. There were no radicular symptoms; therefore, EMG was not deemed as medically appropriate. The Official Disability Guidelines state that the American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical spine radiculopathy and concluded the test was moderately sensitive and highly specific. EMG findings may not be predictive of surgical outcome in cervical spine surgery and patients may still benefit from surgery even in the absence of EMG findings or nerve root impingement. This is in stark contrast to the lumbar spine where EMG has been shown to be highly correlative in symptoms. Given the absence of any radicular or neuropathic symptoms, the request for an EMG of the left upper extremity is not medically necessary or appropriate.