

Case Number:	CM15-0011791		
Date Assigned:	01/29/2015	Date of Injury:	02/01/2012
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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
 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 61-year-old female who reported an injury on 02/01/2012. The mechanism of injury was repetitive work. Diagnoses were noted as bilateral carpal tunnel syndrome and chronic upper extremity strain. Her past treatments were noted to include surgery, PENS unit, bracing, physical therapy, medication, and activity modification. Her diagnostic studies were noted to include an unofficial EMG of the right upper extremity performed in 2013. It was not provided. During the assessment on 11/13/2014, the injured worker complained of left shoulder and arm pain. The injured worker also reported neck pain, low back pain, right shoulder/arm pain, right elbow/forearm pain, left elbow/forearm pain, right wrist/hand pain, and left wrist/hand pain. The physical examination of the upper extremities revealed normal range of motion of all major joints. The sensory examination revealed dullness to pinprick in both thenar eminences, as well as the mid palms. There was dullness to nail bed pressure of the bilateral thumbs. There was weakness to grasp in the 1st and 2nd digits bilaterally with a positive Tinel's sign in both wrists. Her medications were noted to include meloxicam 15 mg, omeprazole 20 mg, and flurbiprofen cream. The treatment plan was to begin taking the medication in the morning, trial the PENS unit, and followup in 2 months. The rationale for the requested PENS unit was to be helpful for the neuropathic pain. The rationale for the electromyography and physical therapy of the bilateral wrists was not provided. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENS (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 160, Chronic Pain Treatment Guidelines Page(s): 114-116. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd edition, page 177-179, and Official Disability Guidelines (ODG), Neck and Upper Back, and Forearm, Wrist, and Hand

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

Decision rationale: The request for PENS (purchase) is not medically necessary. The California MTUS Guidelines do not recommend percutaneous electrical nerve stimulation as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence based functional restoration, after other nonsurgical treatments, including therapeutic exercise and TENS, have been tried and failed or judged to be unsuitable or contraindicated. The clinical documentation indicated that the injured worker attempted physical therapy. However, there was no indication that the use of the PENS unit was going to be used because the injured worker had failed other nonsurgical treatments such as therapeutic exercise and TENS unit. There was no indication that the injured worker had ever trials a TENS unit. Given the above, the request is not medically necessary.

EMG BUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.

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

Decision rationale: The request for EMG BUE is not medically necessary. The California MTUS/ACOEM Guidelines indicate electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex test, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The clinical documentation indicated that the injured worker had an EMG of the bilateral upper extremities in 2013. The results of the previous electromyography study were not provided. The rationale for the requested diagnostic study was not provided. Given the above, the request is not medically necessary.

PT (Physical Therapy) 2 x 6 visits bilateral wrists: 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), Physical Therapy Guidelines, Sprains and Strains of Wrist and Hand

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

Decision rationale: The request for PT (physical therapy) 2 x 6 visits bilateral wrists is not medically necessary. The California MTUS Guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. The requested 12 visits would exceed the guideline recommendation. There was a lack of adequate information regarding whether or not the injured worker had benefited from the past physical therapy visits or if there were any functional improvements made. Additionally, the number of completed visits was not provided. Given the above, the request is not medically necessary.