

Case Number:	CM15-0118461		
Date Assigned:	06/26/2015	Date of Injury:	10/28/1996
Decision Date:	07/28/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/19/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 59-year-old male, who sustained an industrial injury on 10/26/96. The injured worker has complaints of continued pain, ongoing symptoms of neuropathy upper extremities, right hand pain, left hand pain and bilateral wrists pain. The documentation noted altered/decreased sensation in both hands including symptoms related to median and ulnar nerve compression/neuropathy. The documentation noted limited motion with pain. The diagnoses have included osteoarthritis involving multiple sites, but not specified as generalized; osteoarthritis, unspecified whether generalized or localized, ankle and foot; spine cervical radiculopathy; carpal tunnel syndrome and tendinitis. Treatment to date has included nerve conduction studies on 1/23/15 shows minimal right carpal tunnel syndrome, no electrophysiologic evidence of radiculopathy or plexopathy or thoracic outlet syndrome; carpal tunnel surgery; magnetic resonance imaging (MRI) of right shoulder showed changes consistent with impingement; soma and Norco. The request was for electromyography/nerve conduction study for the bilateral upper extremities and physical therapy three times weekly for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG and Nerve Conduction Studies for the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines, (MTUS page 303 from ACOEM guidelines): "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks". EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. " (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain and back pain (page 179). The patient developed neck and upper extremity pain without any clinical or MRI evidence of radiculopathy or peripheral nerve compromise. Previous EMG study performed on 2015 did not show radiculopathy. No significant change was observed after the last EMG that may require another study. Therefore, the request for EMG and Nerve Conduction Studies for the bilateral upper extremities is not medically necessary until more information is provided.

Physical therapy three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e. g. , exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of

patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)". There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy sessions. There is no documentation of the outcome of previous physical therapy sessions and home exercise. There is no documentation supporting additional physical therapy sessions. Therefore, Physical therapy three times weekly for four weeks is not medically necessary.