

Case Number:	CM15-0125452		
Date Assigned:	07/10/2015	Date of Injury:	11/26/2013
Decision Date:	09/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on November 26, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post right sided middle finger proximal phalanx percutaneous pinning, status post right sided carpal tunnel release, and arthrofibrosis with marked limitations in range of motion to the proximal interphalangeal joint and to the metacarpophalangeal joint of the index, middle, ring, and small fingers. Treatment and diagnostic studies to date has included physical therapy, acupuncture, use of a Dyna splint, electromyogram with nerve conduction study, occupational therapy, and at least ten sessions of physical therapy. In a progress note dated December 17, 2014 the treating physician reports complaints of ongoing pain to the right arm with stiffness along with the inability to close the right hand secondary to pain. Examination reveals contracture of the index, middle, ring, and small fingers with the middle finger the worse, decreased range of motion to the proximal interphalangeal joint, contracture to the middle finger proximal interphalangeal joint and decreased range of motion to the right ring finger, right index finger, and right small finger. Physical therapy progress note from October 30, 2014 noted that the injured worker was improving progressively slow with improvement of range of motion to the right hand, but continues to have joint restrictions to the hand with limited gripping strength. The treating physician requested twelve additional sessions of physical therapy two times six for the right shoulder and an electromyogram with nerve conduction study of the bilateral upper extremities with the treating physician noting significant stiffness to the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 6 visits for the right shoulder: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has completed an unknown number of previous physical therapy sessions without documented efficacy. Additionally, this request for 12 physical therapy sessions exceeds the recommendations of the established guidelines. The request for additional physical therapy 2 x 6 visits for the right shoulder is determined to not be medically necessary.

EMG/NCS of bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 261, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back chapter, EMG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the injured worker has documented atrophy of the right upper extremity with subjective radiculopathy. However, he has been approved previous for right upper extremity EMG yet there are no results available for review. The request for EMG of the right upper extremity is warranted but there is no documented need for EMG/NCV of the left upper extremity. The request for EMG/NCS of bilateral upper extremity is determined to not be medically necessary.

