MAXIMUS Federal Services

Case Number:	CM15-0170942		
Date Assigned:	09/11/2015	Date of Injury:	05/09/2014
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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: Georgia, California, Texas
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 60 year old female, who sustained an industrial injury on 5-9-14. The injured worker was diagnosed as having bilateral thumb carpometacarpal-pantrapezial osteoarthritis, bilateral median nerve entrapment at wrists, rule out bilateral ulnar nerve entrapment at elbows, right thumb flexor tenosynovitis, left thumb flexor tenosynovitis with triggering and status post right upper extremity cortisone injection. Treatment to date has included right side injection, activity modifications, physical therapy and home exercise program. (EMG) Electromyogram and (NCV) Nerve Condition Velocity studies performed on 1-13-15 revealed findings consistent with left moderate carpal tunnel syndrome and right chronic C5, left chronic radiculopathy. Currently on 7-27-15, the injured worker complains of occasional to frequent moderate pain in her neck, shoulders, arms and hands with left thumb triggering all the time and right thumb beginning to trigger. Work status is noted to be work with modifications. Physical exam performed on 5-29-15 revealed tenderness of biceps tendon, acromioclavicular joint and anterior and lateral deltoids, swelling of first carpometacarpal joint with tenderness and exquisite tenderness of the A1 pulley. The treatment plan included (EMG) Electromyogram-NES of bilateral upper extremities, bilateral thumb proximal pulley-trigger injections, occupation hand therapy evaluation and treatment 2 times a week for 4 weeks, left exos thumb spica splint, right short arm thumb spica splint and evaluation of shoulders and neck. On 8-4-15, utilization review non-certified occupational therapy 2 times a week for 4 weeks for bilateral hands noting at this time the injured worker should be well versed in exercises and stretches for bilateral hands and continue home therapy; Non-certified (EMG) Electromyogram - (NCV) Nerve Condition Velocity studies noting the injured worker received (EMG)

Electromyogram (NCV) Nerve Condition Velocity studies on 1-13-15 and documentation does not indicate a change in symptoms and modified certification for bilateral thumb proximal pulley-trigger injections with ultrasound guidance to allow for bilateral thumb proximal pulley-trigger injections without ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2x4 visits for the bilateral hands: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: No recent course of physical therapy or occupational therapy is documented in this case. ODG recommends up to 10 PT visits for treatment of neuritis/neuralgia. Based upon the documented clinical findings, limited additional therapy sessions are reasonable to review and update the injured worker's home exercise program and are medically necessary.

EMG/ NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper back chapter; ODG Carpal tunnel syndrome chapter.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Medial Epicondylalgia, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: Previous upper extremity EMG and nerve conduction studies in January 2015 were interpreted as consistent with left moderate carpal tunnel syndrome and right chronic C5, left chronic radiculopathy. No evidence of ulnar neuropathy was identified. Per the 07/25/15 specialist evaluation, the injured worker demonstrated physical exam findings suggesting bilateral carpal tunnel syndrome and possible bilateral cubital tunnel syndrome. ACOEM Guidelines Elbow Chapter and Forearm, Wrist & Hand Chapter recommend nerve conduction studies for evaluation of possible carpal tunnel syndrome or for evaluation of possible median neuropathy at the elbow, but do not recommend routine use of EMG in the diagnostic evaluation of nerve entrapment. Due to the documented recent change in the injured worker's physical exam findings, repeat nerve conduction studies appear to be reasonable. Particularly given performance of EMG studies within the past year, there is no clear rationale to support performance of repeat EMG studies in this case. Because of inclusion of EMG studies in request, medical necessity is not established for repeat electrodiagnostic studies of the upper extremities.

Bilateral thumb proximal pulley / trigger injections with ultrasound guidance (left side first): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter; Shoulder Chapter; Knee Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation ODG Forearm, Wrist & Hand (Acute & Chronic, revised 6/29/15), Ultrasound (diagnostic).

Decision rationale: The injured worker is s/p one previous injection for trigger thumb. ACOEM Guidelines recommends 2 trigger finger/thumb injections prior to consideration of surgical release. Based upon the documented clinical findings, performance of bilateral trigger thumb injections is consistent with MTUS recommendations. MTUS is silent concerning ultrasound guidance for trigger thumb injections, so ODG was also consulted. ODG lists ultrasound guidance for injections as "not generally recommended". No exceptional factors are documented which would support the medical necessity for use of ultrasound guidance for trigger thumb injections in this case. Therefore, medical necessity is not established for bilateral trigger thumb injections with ultrasound guidance.