

Case Number:	CM15-0173470		
Date Assigned:	09/15/2015	Date of Injury:	04/06/2015
Decision Date:	10/15/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/02/2015

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: Family Practice

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 42 year old female who sustained an industrial injury on 4-6-15. The injured worker reported discomfort in the bilateral upper extremities, low back, bilateral ankles and soles. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar spine sprain-strain with radiculitis, bilateral wrist sprain-strain, right hand sprain-strain and bilateral clinical plantar fasciitis. Medical records dated 8-14-15 indicate pain rated at 5-6 out of 10. Provider documentation dated 8-14-15 noted the work status as temporary totally disabled. Treatment has included chiropractic treatments, supervised physiotherapy, acupuncture treatment, Motrin since at least July of 2015 and transdermal compounds since at least July of 2015. Objective findings dated 8-14-15 were notable for tenderness to palpation to the bilateral wrist joints, 3rd, 4th and 5th right digits and tenderness to palpation to the bilateral plantar ligaments. The original utilization review (8-6-15) denied a request for Acupuncture 2x a week for next 6 days, Chiropractic treatment with supervised physiotherapy 2x a week for next 6 weeks and electromyography and nerve conduction velocity study of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x/week for next 6 days: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS/Acupuncture Treatment Guidelines comment on the use of acupuncture as a treatment modality. These guidelines state the recommended frequency and duration of this type of treatment. Specifically, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (4) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). In this case, the specific request is for acupuncture treatments 2X a week for 6 weeks; a total of 12 sessions. Twelve sessions exceeds the above cited MTUS requirements for 3-6 treatments to assess functional improvement. Given that the request exceeds the above cited guidelines and there is no evidence of a plan to document functional outcomes, the request for 2X a week acupuncture sessions for 6 weeks is not medically necessary.

Chiropractic treatment with supervised physiotherapy 2x week for next 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of chiropractic treatment in the section on Manual Therapy & Manipulation. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, the request is for chiropractic treatment over a 6-week period for a total of 12 sessions. The request does not include a trial of 6 visits over a 2 week period to allow for an assessment of objective functional improvement. Given that a therapeutic trial of 6 visits over 2 weeks is not requested along with a means to assess functional improvement, the request for 12 sessions of chiropractic treatment (2X a week for 6 weeks) is not considered as medically necessary.

EMG/ NCV of bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Forearm/Wrist/Hand Section: Electrodiagnostic Studies.

Decision rationale: The Official Disability Guidelines comment on the use of electrodiagnostic testing, to include EMG/NCV of the upper extremities. In general, EMGs/NCVs are recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). Electrodiagnostic studies are recommended for neurotrauma (e.g., traumatic nerve lesion). Injury to the ulnar nerve can occur at the wrist and forearm in addition to median nerve injury at the wrist and ulnar nerve injury at the elbow. Studies may be done if the provider suspects ulnar nerve injury at the wrist and wants electrodiagnostic testing prior to deciding on surgical treatment. Definitions: Electrodiagnostic Medicine (EDX) is a medical subspecialty of neurology, clinical neurophysiology, and physical medicine and rehabilitation. Electrodiagnostic Studies (EDS) is the overall global term for nerve conduction studies (NCS), nerve conduction tests (NCT), and electromyography studies (EMG). NCT includes sensory and motor studies. NCS is an electrodiagnostic medicine technique used to evaluate the electrical activity of motor and sensory nerves based on electrical conduction. EMG is an electrodiagnostic medicine technique for evaluating the electrical activity produced by skeletal muscles. Electrodiagnostic studies are not perfect. There are still false positives and false negatives, which is why a physician is needed to correlate electrodiagnostic study results with the history, physical examination and or response to previous treatments. If the purpose of EDX is to confirm a diagnosis such as CTS, then only the NCT is usually required, because most patients, especially in workers' comp, present soon after the onset of their symptoms. Therefore, the nerve entrapment has not been present long enough to result in changes to the muscles, and the NCT will show early conduction delays, but the EMG will be normal. At this point, EMG has little value, adds significant costs, and most patients prefer not to be stuck with needles multiple times. However, if the patient has demonstrated muscle loss, has an injury with long-term symptoms, or the clinical examination is unclear, then the EMG is appropriate. As far as what conditions are appropriate for EDX, they include any musculoskeletal condition or diagnosis that involves nerve or muscle dysfunction. A common list would include upper extremity (carpal tunnel syndrome, cubital tunnel syndrome, pronator teres syndrome, radial nerve wrist and elbow, & ulnar nerve wrist); polyneuropathies (diabetic polyneuropathy, acute demyelinating polyneuropathy (Guillain-Barre syndrome), chronic inflammatory demyelinating polyneuropathy, and toxic, metabolic, drug-induced polyneuropathy); spine (cervical radiculopathies, lumbosacral radiculopathies, and spinal stenosis); lower extremity (tarsal tunnel syndrome, tibial nerve, peroneal nerve, sural nerve); and generalized disorders (disorders of neuromuscular transmission, e.g., myasthenia gravis, myopathies, and motor neuron disease. i.e., ALS). In this case, the patient has documented bilateral symptoms involving the upper extremities. Further, the physical examination findings are not consistent with any specific form of neuropathy; including carpal tunnel syndrome. There is evidence of muscle "loss" as indicated by diminished strength on examination. Given the bilateral nature of the patient's symptoms, the lack of response to conservative therapy, its chronic nature, the absence of a clear explanation of the underlying etiology and the documented objective evidence of diminished muscle strength, there is support for bilateral EMG/NCV of the bilateral upper extremities. This test is medically indicated. Therefore, the request is medically necessary.