

Case Number:	CM15-0177133		
Date Assigned:	09/17/2015	Date of Injury:	11/14/2012
Decision Date:	10/27/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/09/2015

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, Hawaii
 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 32 year old female, who sustained an industrial injury on 11-14-2012. She has reported subsequent neck pain and was diagnosed with cervical sprain, congenital stenosis of C4-C5, multilevel disc herniations from C3-C6, cervical radiculopathy, shoulder tendonitis and bursitis, wrist tendinitis and bursitis and epicondylitis of the medial elbow. The injured worker was also diagnosed with adjustment disorder with mixed anxiety and depressed mood. MRI of the cervical spine dated 10-14-2013 showed central annular fissure at C3-C4 with 2 mm disc bulge, mild narrowing of the left neural foramen and degenerative changes, 2 mm disc bulge at C4-C5, mild narrowing of the bilateral neural foramina and 2-3 mm disc bulge at C5- C6. Treatment to date has included oral and topical pain medication, cervical epidural steroid injections, left elbow and wrist cortisone injections, acupuncture, physical therapy for the neck, left shoulder, wrists, hands and thumbs and surgery, which were noted to have failed to significantly relieve the pain. 6 physical therapy visits were approved as per utilization review dated 06-08-2015. In a progress note dated 07-30-2015, the injured worker reported constant cervical spine, elbow and wrist pain bilaterally. The physician noted that physical therapy for the cervical spine was increasing her range of motion and functional capacity status and that she was continuing to work. Objective examination findings showed visible discomfort with increased range of motion to flexion and extension of the cervical spine, decreased grip strength bilaterally, positive Phalen's test and discomfort with pain on flexion and extension of the elbows bilaterally with medial and lateral epicondylar tenderness. The physician noted that all medications were being stopped and that a request for electrodiagnostic studies of the upper

extremities, functional capacity evaluation to identify current physical abilities and physical therapy x 12 for the bilateral elbows and wrist and hands was being made. A request for authorization of physiotherapy for the bilateral elbow, wrist and hand x 12, EMG-NCV bilateral upper extremities and functional capacity evaluation was submitted. As per utilization review dated 08- 25-2015, the request for physiotherapy for the bilateral elbow, wrist and hand x 12 was modified to approval of 2 physiotherapy visits and the requests for EMG-NCV bilateral upper extremities and functional capacity evaluation were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio therapy for the bilateral elbow, wrist and hand x 12: Upheld

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: The patient presents with pain affecting the cervical spine, bilateral wrists, and bilateral elbows. The current request is for Physio therapy for the bilateral elbow, wrist and hand x 12. The treating physician report dated 7/30/15 (40B) states, "She is having physical therapy for the cervical spine which is increasing her range of motion and functional capacity status." The report goes on to state, "She is currently working and would like to avoid exacerbation of her condition." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for bilateral elbow, wrist and hand. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medical necessary.

EMG/NCV bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with pain affecting the cervical spine, bilateral wrists, and bilateral elbows. The current request is for EMG/NCV bilateral upper extremities. The treating physician report dated 7/30/15 (40B) states, "(The patient) presents with a complaint of

a chronic pain in her cervical spine, elbows and wrist bilaterally. Pain is constant. It wakes her up at night." The report goes on to state, "She is currently working and would like to avoid exacerbation of her condition." The MTUS guidelines do not address the current request. The ACOEM guidelines state, 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, "test may be repeated later in the course of treatment if symptoms persist." The medical reports provided do not show that the patient has received EMG or NCV studies previously. In this case, the patient presents with chronic neck pain accompanied with pain in the bilateral wrists and elbows that has persisted for longer than 3-4 weeks. Furthermore, the treating physician feels that the current request is medically necessary to properly treat the patients symptoms and "avoid exacerbation of her condition." The current request is medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139.

Decision rationale: The patient presents with pain affecting the cervical spine, bilateral wrists, and bilateral elbows. The current request is for Functional capacity evaluation. The treating physician report dated 7/30/15 (40B) states, "functional capacity evaluation to identify her current physical abilities" The report goes on to state, "She is currently working and would like to avoid exacerbation of her condition." Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, there is no documentation provided that suggests an FCE if being requested by the employer or the claims administrator. Furthermore, while the patient is on TTD for 4 weeks due to a recent flare up (41B), she was working and there is no documentation provided that shows the employer is not allowing the patient to come back to work. Additionally, there is no evidence provided that shows the patient is entering into a work hardening program and requires an FCE. The current request does not satisfy the ACOEM guidelines as outlined on page 137. The current request is not medically necessary.