

Case Number:	CM15-0074759		
Date Assigned:	06/10/2015	Date of Injury:	10/08/2014
Decision Date:	07/10/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 30 year old female, who sustained an industrial injury on 10/08/2014. She reported developing pain, numbness, and tingling in her arms due to repetitive overuse in the course of her employment and was diagnosed with right wrist tenosynovitis, right shoulder strain, and stress. The injured worker is currently partially disabled with work restrictions. The injured worker is currently diagnosed as having hand/wrist tenosynovitis and shoulder sprain/strain. Treatment and diagnostics to date has included lumbar epidural, physical therapy which provided relief to her shoulder but no relief to her hand, and medications. In a progress note dated 11/25/2014, the injured worker presented with complaints of right elbow and right wrist/hand pain. Objective findings include right elbow and right wrist/hand tenderness with normal range of motion. The treating physician reported requesting authorization for electromyography/nerve conduction velocity studies to the bilateral upper extremities and physical therapy for the left elbow and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCS (nerve conduction study) of the bilateral upper extremities:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: Regarding the request for EMG and nerve conduction study of bilateral upper extremity, ACOEM Practice Guidelines state that the electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is documentation of numbness of the right arm, and physical exam findings consistent with carpal tunnel syndrome with positive Tinel's sign and Phalen's sign. A right sided EMG and nerve conduction study would be warranted. However, the lack of symptom and exam findings of the left side would not support the need for bilateral upper extremity EMG and nerve conduction study. As such, the currently request is not medically necessary.

Physical Therapy for the Left Elbow and Right Wrist, QTY: 18: Upheld

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

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

Decision rationale: In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. In addition, the current request exceeds that of recommended by the guidelines for wrist and hand complaints. Therefore, additional physical therapy is not medically necessary.