MAXIMUS Federal Services

Case Number:	CM15-0075756		
Date Assigned:	04/27/2015	Date of Injury:	10/16/2012
Decision Date:	05/22/2015	UR Denial Date:	04/13/2015
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 54 year old female, who sustained an industrial injury on October 16, 2012. She reported pain in the shoulder and wrist with associated numbness of the hand and thumb. The injured worker was diagnosed as having tenosynovitis of the left wrist, De Quervain's of the left wrist, carpal tunnel syndrome of the left wrist and status post carpal tunnel release. Treatment to date has included diagnostic studies, surgical intervention of the left wrist, chiropractic care, medications and work restrictions. Currently, the injured worker complains of pain in the neck, whole body, wrist and shoulder with associated numbness of the hand and thumb is well as depression, anxiety, irritability and crying episodes. The provider recommended EMG testing for further evaluation of upper extremity radicular complaints. He also requested MRI report and films from another provider for his review. Consultation with internal medicine was recommended for medication management. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 13, 2014, revealed continued pain as noted. Diagnostic studies, an internal medicine evaluation and physical therapy were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Carpal Tunnel Syndrome, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, the patient has an established diagnosis of carpal tunnel syndrome. The provider notes that the test is recommended to evaluate for upper extremity radiculopathy, but the current findings are not highly suggestive of that condition. Furthermore, it appears that prior imaging has been done, but that the provider has not yet reviewed such imaging. Imaging studies may obviate the need for additional testing with electro diagnostics. In the absence of clarity regarding the above issues, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.

Internal Medicine 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 x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician notes a request for consultation for medication management, but there is no rationale identifying why the provider is unable to manage the patient's medications appropriately without the need for additional specialty consultation. In the absence of such documentation, the currently requested consultation is not medically necessary.

Physical Therapy 2x4 weeks bilateral wrist, arms, elbows and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127. Decision based on Non-MTUS Citation ODG, Wrist, Elbow, and Shoulder Chapters, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.