

<b>Case Number:</b>	CM13-0020162		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	01/18/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 39-year-old female who reported an injury on 04/01/2012. The patient is diagnosed with status post right carpal tunnel release and right De Quervain's tenosynovitis of the right thumb. The patient was recently evaluated on 09/25/2013. The patient reported numbness and tingling to the right wrist and hand. Physical examination revealed tenderness to palpation over the right wrist, positive Tinel's, Phalen's, and Finkelstein's on the right, decreased sensation on the right, and weakness. Treatment recommendations included continuation of current medications, physical therapy, acupuncture, and EMG/NCV studies of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A Santa Barbara thumb splint for the right wrist:** 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): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Splints.

**Decision rationale:** The California MTUS ACOEM Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night and may be used during the day, depending on activity. As per the clinical notes submitted, the patient is status post right carpal tunnel release. It is documented the patient has previously received various splints and braces for the right upper extremity. There is no documentation of a significant change in the patient's symptoms or objective findings from a previous clinical office visit. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.

**Physical Therapy two (2) times a week for three (3) weeks for the right wrist and right thumb:** 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 Chronic Pain Medical Treatment Guidelines, Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Physical Therapy

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency, plus active, self-directed home physical medicine. As per the clinical notes submitted, the patient underwent carpal tunnel release on 11/29/2012. The Official Disability Guidelines state medical treatment for carpal tunnel syndrome includes 1 to 3 visits over 3 to 5 weeks. Medical treatment for pain in joint includes 9 visits over 8 weeks. The patient has completed physical therapy in the past. Documentation of a significant functional improvement or exceptional factors following the initial course of physical therapy was not provided for review. Therefore, the current request cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.

**Acupuncture two (2) times a week for three (3) weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. Optimum duration includes 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. As per the clinical notes submitted, the patient has been participating in acupuncture therapy. Documentation of functional improvement was not

provided for review. The patient continues to report right wrist and hand pain with residual numbness and tingling. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.