

Case Number:	CM13-0029704		
Date Assigned:	11/01/2013	Date of Injury:	03/09/2012
Decision Date:	02/15/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/27/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

This is a patient with a date of injury of March 9, 2012. A utilization review determination dated September 9, 2013 recommends noncertification of physical therapy and acupuncture for the right and left hand/wrist/fingers and right elbow, and noncertification of bilateral upper extremity EMG/NCV. Noncertification of physical therapy is due to extensive prior physical therapy without documentation of objective functional improvement. Noncertification of acupuncture is due to lack of support for the treatment of carpal tunnel syndrome. Noncertification of EMG/NCV is due to lack of documentation indicating why a repeat electrodiagnostic study is needed. A progress report dated October 9, 2013 indicates subjective complaints rated as 7-8/10 in the upper extremities. Objective findings identify positive Phalen's and Durkan's tests compression tests, and diminished light touch in the median nerve distribution. Diagnoses include rule out bilateral carpal tunnel syndrome and ulnar nerve entrapment neuropathy, bilateral lateral epicondylitis, cervical spine strain with degenerative disc disease, and bilateral shoulder impingement syndrome rule out rotator cuff tears. The treatment plan recommends a home exercise program, medication, acupuncture treatment, and EMG/NCV. A progress report dated June 5, 2013 indicates that the patient has previously undergone physical therapy and chiropractic adjustments. The patient has also undergone EMG/NCV and was sent back to work with restrictions. The note goes on to indicate that the patient underwent 20 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) to three (3) times per week for four (4) to six (6) weeks; right and left hand/wrist/fingers and right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no indication that the patient has previously undergone acupuncture treatment. The current request is for 8-18 sessions. This exceeds the maximum number recommended as a trial by guidelines. There is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178, 260 and 263.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG/NCV 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, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. The physical examination does not identify any symptoms which would be consistent with peripheral neuropathy or radiculopathy. Additionally, it is unclear why a repeat EMG/NCS would be needed. There is no documentation indicating what medical decision-making would be based upon the outcome of the currently requested study. In the absence of clarity regarding those issues, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.

Physical therapy for right and left hand/wrist/fingers and right elbow, 2-3 x 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapte.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course 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 indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.