

<b>Case Number:</b>	CM13-0030084		
<b>Date Assigned:</b>	10/25/2013	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Interventional Spine, 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:

The patient is a 36 year old female with an injury date on 03/15/13. Based on the 09/06/13 PR-2 provided by [REDACTED], the patient's diagnosis include both sharp and dull pain in both wrists, lateral epicondylitis, sprain/strain wrist/hand, and cumulative trauma from repetitive motion. The pain is both sharp and dull and occurs intermittently. The patient has a "long history of bilateral wrist pain. Ultimately the patient saw the specialist and had right wrist carpal tunnel release. [She] has had persistant pain since then in her right forearm and wrist pain with occasional tingling in left hand." The UR dated 09/19/13 states that the right carpal tunnel release was done in November 2012. [REDACTED] is requesting for the following: 1) Acupuncture x 6 sessions 2) Physical therapy 3 x 2 weeks for bilateral wrists/hands The UR determination being challenged is dated 09/19/13 and recommends denial of both the acupuncture and the physical therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 09/06/13- 09/19/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE X 6 SESSIONS:** Overturned

**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  
dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS\_FinalCleanCopy.doc.

**Decision rationale:** The patient presents with pain in both wrists, lateral epicondylitis, sprain/strain wrist/hand, and cumulative trauma from repetitive motion. The request is for 6 acupuncture sessions. According to the 09/06/13 progress report, the patient has 5/10 intensity pain with normal range of motion and strength. Report from 9/10/13 shows that the patient's condition has improved, but slower than expected. On 9/17/13, the patient's condition has not improved. The patient has had carpal tunnel release from 2012 according to utilization review letter 9/19/13. The request is for 6 sessions of acupuncture treatments and review of the few available reports do not show any history of acupuncture. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the request is for 6 sessions of acupuncture treatments for the patient's persistent wrist and elbow symptoms. Recommendation is for authorization.

**PHYSICAL THERAPY 3 X 2 WEEKS FOR BILATERAL WRISTS/HANDS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98,99.

**Decision rationale:** The patient presents with pain in both wrists, lateral epicondylitis, sprain/strain wrist/hand, and cumulative trauma from repetitive motion. The request is for 6 physical therapy sessions. According to the 09/06/13 progress report, the patient has 5/10 intensity pain with normal range of motion and strength. Report from 9/10/13 shows that the patient's condition has improved but slower than expected. On 9/17/13, the patient's condition has not improved. The patient has had carpal tunnel release from 2012 according to utilization review letter 9/19/13. The request is for 6 sessions of physical therapy and the review of the few available reports do not show any recent history of physical therapy. MTUS guidelines allow 8-10 sessions of therapy for neuritis, radiculitis type of symptoms as well for myalgia, and myositis. It is very possible that the patient has had some therapy in the past given the patient's injury from March 2013. However, given the patient's persistent symptoms, and the reports showing no evidence of recent therapy treatments, 6 sessions can be allowed. MTUS does not comment on one treatment modality excluding another form of treatment, in this case, acupuncture treatments. Therefore, recommendation is for authorization.