

<b>Case Number:</b>	CM13-0046522		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Orthopedic Surgery, 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 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 35-year-old female who reported an injury on 07/22/2013. The mechanism of injury was noted to be a slip and fall. The patient's diagnosis was noted to be unspecified derangement of hand and joint. The patient had pain up to their elbow and restricted range of motion with decreased muscle strength along with numbness in the left hand and pain in the right hand. The diagnosis was noted to be a left wrist sprain. The patient had a Phalen's test that was positive bilaterally. The patient was diagnosed with bilateral elbow sprain/strain and bilateral carpal tunnel syndrome. Request was made for chiropractic therapy, physical therapy, acupuncture, wrist brace, EMG, and NCV of the left wrist, MRI of the left wrist, and a wrist brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for chiropractic therapy 2 times 4 for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment is not recommended for the carpal tunnel syndrome, the forearm, and wrist. The clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for chiropractic therapy 2 times 4 for the left wrist is not medically necessary.

**The request for physical therapy 2 times 4 for the left wrist:** Upheld

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

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

**Decision rationale:** California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide documentation of objective functional deficits to support the necessity for physical therapy. Additionally, the request was made for concurrent review of acupuncture and chiropractic treatment. There was a lack of documentation indicating a necessity for multiple modalities. Given the above, the request for physical therapy 2 times 4 for the left wrist is not medically necessary.

**The request for acupuncture 2 times 4 for the left wrist:** Upheld

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

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

**Decision rationale:** California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to indicate the patient had a reduction in pain medication or that pain medication was not tolerated. The request for acupuncture 2 times 4 exceeds guideline recommendations for onset of functional improvement. Additionally, the request was made for concurrent review of acupuncture and chiropractic treatment. There was a lack of documentation indicating a necessity for multiple modalities. Given the above and the lack of documentation of exceptional factors, the request for acupuncture 2 times 4, left wrist is not medically necessary.

**The request for wrist brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

**Decision rationale:** ACOEM Guidelines indicate the initial treatment of CTS should include night splints. Day splints can be considered for the patient's comfort as needed to reduce pain along with work modifications. There was a lack of documentation per the submitted request indicating whether the wrist brace was for unilateral or a bilateral application. Given the above, the request for wrist brace is not medically necessary.

**The request for (EMG) Electromyography for the left wrist to rule out CTS:** 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), Carpal Tunnel Syndrome Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), 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. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The clinical documentation submitted for review failed to indicate whether the patient had an improvement or a worsening of the symptoms. There was a lack of documentation indicating a necessity for both an EMG and an NCV. Given the above, the request for an EMG for the left wrist to rule out CTS is not medically necessary.

**The request for Nerve Conduction Velocity Test (NCV):** 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), Carpal Tunnel Syndrome Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), 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. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The clinical documentation submitted for review failed to indicate whether the patient had an improvement or a worsening of the symptoms.

There was a lack of documentation indicating a necessity for both an EMG and an NCV. Given the above, the request for an NCV for the left wrist to rule out CTS is not medically necessary.

**The request for MRI of the left wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm/Wrist/Hand Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** ACOEM Guidelines indicate that for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The clinical documentation indicated the patient should undergo an MRI to confirm a suspected internal derangement and carpal tunnel syndrome. The clinical documentation submitted for review failed to indicate whether the patient had an improvement or a worsening of the symptoms. Given the above, the request for an MRI of the left wrist is not medically necessary.