

Case Number:	CM13-0059186		
Date Assigned:	12/30/2013	Date of Injury:	01/09/2012
Decision Date:	05/20/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine, 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:

Prior treatment history has included the patient undergoing a left carpal tunnel release surgery in June of 2012 and a right carpal tunnel surgery July of 2012. The patient has used wrist braces. Her medications includes Losartan 50 mg, Simvastatin 40 mg, and Gabapentin 600 mg. progress note dated October 16, 2013 documented the patient to have complaints of numbness, tingling and weakness in the hands. The right is achy and constant numbness at a 4/10 and on the left 3/10. It is sharp and constant. The patient states she has to wear her volar wrist splints more often. She is having more numbness, especially at night. Objective findings on exam revealed the patient does have positive Durkin's, Tinel's and Phalen's bilaterally, but worse on the right than the left. She has bilateral flattening of the Thenar prominences bilateral cup sign. Treatment Plan: The patient states that right after surgery she did not get therapy. She also states that she benefited from therapy when she had it for her left wrist. A progress note dated December 11, 2013 documented the patient of pain in the right wrist and hand, which is 5/5, constant and achy. She states the top of the hand is numb. Left hand and wrist is 6/10, constant and achy and the pain is sharp. Objective findings on exam reveal the patient does have positive Durkin's, Tinel's and Phalen's bilaterally. It is more reactive on the left than on the right. No erythema, edema or bony deformity noted today. Diagnoses include incomplete carpal tunnel release, bilaterally and bilateral upper extremity paresthesias.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, TWICE PER WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This is a request for 12 visits of acupuncture for a patient status post bilateral carpal tunnel surgical release in June/July 2012, who had resolution of carpal tunnel symptoms post-operatively according to the P&S report dated February 11, 2013. Future medical provided for physical therapy and specialist consult for a 6-month period. The patient appears to have undergone physical therapy post-operatively presumably with benefit given details provided in the P&S report. However, physical therapy notes are not provided, and the patient states more recently that insufficient physical therapy was performed post-operatively. She had a return of symptoms consistent with carpal tunnel syndrome along with positive examination findings for carpal tunnel syndrome as described in a December 11, 2013 Orthopedic visit note. She does not appear to be working, and it is unclear if she worked post-operatively. EMG/NCS performed December 9, 2013 showed mild bilateral median sensory neuropathy across the wrist and right ulnar neuropathy across the elbow. The prior EMG/NCS is not provided for review. She does not appear to have had acupuncture as part of her prior treatment. The patient does appear to be a candidate for a trial of acupuncture to address her chronic pain. However, the Acupuncture Medical Treatment Guidelines suggest three to six treatments are needed in order to produce functional improvement, with treatment extension if functional improvement is documented. The request for acupuncture, twice per week for six weeks, is not medically necessary or appropriate.

PHYSICAL THERAPY FOR THE BILATERAL UPPER EXTREMITIES (BUE), TWICE WEEKLY FOR SIX WEEKS: Upheld

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

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

Decision rationale: The patient had physical therapy after her bilateral carpal tunnel surgery release in June/July 2012, which appears to have been beneficial, but records are somewhat contradictory and lacking. She currently is well outside the post-operative treatment period for physical therapy for carpal tunnel release. The Chronic Pain Medical Treatment Guidelines recommend additional therapy in the amount of up to ten visits over eight weeks for symptomatic flare-ups of chronic pain involving upper extremity neuritis. The request for physical therapy for the BUE, twice per week for six weeks, is not medically necessary or appropriate.

A REPEAT EMG (ELECTROMYOGRAM) OF THE BILATERAL UPPER EXTREMITIES (BUE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines recommend repeat EMG for carpal tunnel syndrome if symptoms persist. In this case, the patient has either persistent worsening symptoms or a recurrence of symptoms documented by history and examination. The request for an EMG of the BUE is medically necessary and appropriate.

A REPEAT NCV (NERVE CONDUCTION VELOCITY) TEST OF THE BILATERAL UPPER EXTREMITIES (BUE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines recommend repeat NCS for carpal tunnel syndrome if symptoms persist. In this case, the patient has either persistent worsening symptoms or a recurrence of symptoms documented by history and examination. The request for an NCV of the BUE is medically necessary and appropriate.