

<b>Case Number:</b>	CM13-0062903		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Physical Medicine & 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 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 31 year old female who was injured on 04/15/2013. She sustained an injury to her wrist when she was holding a baby. Prior treatment history has included medication. New Evaluation dated 11/06/2013 documented the patient to have complaints of bilateral wrist pain with occasional tingling. Objective findings on exam revealed positive Phalen's test and tenderness upon palpation. She was recommended physical therapy 3 times per week for 4 weeks. The patient was diagnosed with carpal tunnel syndrome. PR2 dated 10/23/2013 indicated the patient reported Naproxen was helping. She reported a pain level of 5-8/10. She reported right wrist pain. The patient reported that she was performing her regular duties and the patient has not improved significantly. Objective findings on exam revealed tenderness to palpation over the left wrist/thumb. There was pain with flexion and extension; the extensor tendon of the thumb exhibited tenderness. She had positive Tinel's, Phalen's in the right wrist. The left wrist was positive for Tinel's. The patient was diagnosed with DeQuervain's left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 8 SESSIONS:** Upheld

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

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

**Decision rationale:** According to the California MTUS guidelines, 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In this case, this employee has bilateral wrist pain and was diagnosed with bilateral wrist sprain/strain and left wrist de Quervain. The request for 8 sessions of acupuncture is not certified since it exceeds the guidelines recommendation. Guidelines indicate that time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented.

**PHYSICAL THERAPY FOR LEFT WRIST 12 VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

**Decision rationale:** According to the California MTUS guidelines, physical medicine 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. In this case, this employee was diagnosed with bilateral wrist sprain/strain and left wrist de Quervain. The physical exam showed left wrist/thumb tenderness to palpation, pain with flexion and extension, and tender extensor tendon of thumb as well as positive Phalen and Tinel sign. The guidelines recommend 9-10 visits for myalgia and myositis and 8-10 visits for neuralgia, neuritis, and radiculitis. There is documentation that the employee has tried 9 sessions of physical therapy to left wrist but still with pain. Thus, since the prior trial did not result in functional improvement and the request for 12 sessions exceed the guidelines recommendation, the request is considered not medically necessary and appropriate.

**EMG/ NCV BUE:** Overturned

**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): 268-269.

**Decision rationale:** According to the California MTUS/ACOEM guidelines, "Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." According to the records submitted for review, there is documentation of positive Phalen and Tinel tests indicating nerve compromise and there is documentation of trial of conservative care including physical therapy and medication. Thus, the request is considered medically necessary and is certified.

**FUNCTIONAL CAPACITY EVALUATION: 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 Page(s): 21-22. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004) CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE 511.

**Decision rationale:** According to the MTUS/ACOEM guidelines, a Functional Capacity Evaluation (FCE) is recommended when necessary to translate medical impairment into functional limitations and determine work capability. In this case, there is no documentation that indicates if the employee has had prior unsuccessful return to work attempts that the employee requires a modification for return to work. In fact, the progress note dated 10/23/2013 indicates that the employee reports performing regular duties. Thus, the request for functional capacity evaluation is not medically necessary and is non-certified.