

<b>Case Number:</b>	CM13-0064496		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/21/2010
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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:

The patient is a 48-year-old patient who sustained a work related injury on December 12 2010. Subsequently, he developed pain in both upper extremities. According to a note dated on October 1, 2013, the patient developed the bilateral and daily wrist and forearm pain. She also reported numbness and tingling in both hands. Her physical examination demonstrated swelling of the left wrist, positive Tinel's sign bilaterally, positive Phalen's sign bilaterally and tenderness in the right elbow and medial epicondyles. The patient was treated with Neurontin, morphine, Dilaudid, Diovan, Cymbalta, Frova, and Zofran. The patient was diagnosed with bilateral upper extremity overuse syndrome and bilateral carpal tunnel syndrome. The provider requested authorization for physical therapy and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY SESSIONS BILATERAL UPPER EXTREMITIES, QTY: 6.00:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

**Decision rationale:** According to MTUS guidelines, passive modalities of physical therapy, transcutaneous electrical nerve stimulation (TENS), and biofeedback are not recommended for carpal tunnel syndrome. Only instruction for home exercise is recommended. Furthermore, and according to MTUS guidelines, physical therapy may be justified after surgery for carpal tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks. There is no evidence that the patient underwent a recent carpal tunnel release. In addition the provider did not document the goals for his request of additional session of physical therapy. Therefore, the prescription of physical therapy sessions bilateral upper extremities, QTY: 6.00, is not medically necessary.

**ACUPUNCTURE SESSIONS, QTY: 6.00:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, acupuncture is considered in knee, back, ankle, and upper extremities complaints. 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. There is no clear documentation of sustained functional or pain improvement with previous acupuncture sessions. Furthermore, there is no documentation about the duration and frequency of previous acupuncture sessions. Therefore, the prescription of acupuncture sessions, QTY: 6.00, is not medically necessary.