

<b>Case Number:</b>	CM14-0019112		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	03/25/2007
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral wrist pain reportedly associated with cumulative trauma at work first claimed on March 25, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier right carpal tunnel release surgery; transfer of care to and from various providers in various specialties; topical compounded drugs; and extensive periods of time off of work. In a Utilization Review Report dated February 3, 2014, the claims administrator denied request for acupuncture, orthopedic consultation, right wrist MRI, and a left wrist MRI. Non-MTUS Guidelines were cited to deny the request for acupuncture. The claims administrator used the ODG Forearm, Hand, and Wrist Chapters' unfavorable recommendation on acupuncture to deny the same, despite the fact that the MTUS addresses the topic at hand and explicitly endorses acupuncture for a variety of purposes, including the chronic pain context present here. Electrodiagnostic testing of March 19, 2014 was notable for evidence of right median neuropathy about the wrist with no evidence of left median neuropathy appreciated. A clinical progress note of March 4, 2014 was notable for comments that the applicant reported persistent neck pain and bilateral hand and wrist pain with associated numbness and weakness, which were reportedly improving following right carpal tunnel release surgery on December 4, 2013 and earlier left wrist carpal tunnel surgery in 2007. The applicant exhibited well-preserved upper extremity strength, it was stated. Chiropractic manipulative therapy and work restrictions were endorsed, although it was stated that the applicant's employer was unable to accommodate the restrictions in question. A variety of topical compounded agents were prescribed. On February 4, 2013, the attending provide sought authorization for MRI imaging of cervical spine and electrodiagnostic testing of the bilateral upper extremities. On August 15, 2013, it was stated the applicant's symptoms were likely related to evolving right-sided carpal tunnel syndrome and/or possible cervical radiculopathy. Electrodiagnostic testing of September 14, 2013 was notable for moderate right carpal tunnel

syndrome and mild median delay across the left wrist status post earlier carpal tunnel release representing either a residual or prior carpal tunnel release surgery or a new compressive phenomenon.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ACUPUNCTURE, #8:** Overturned

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

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

**Decision rationale:** As noted in MTUS 9792.24.1.a1 and MTUS 9792.24.a3, acupuncture may be employed for wide variety of purposes, including the chronic pain context present here. While approval of the request does represent extension of treatment slightly above and beyond the three six-session course deemed necessary to produce functional improvement in MTUS 9792.24.1c.1, in this case, however, provision of some acupuncture is preferable to provision of no acupuncture, whatsoever. The applicant's chronic wrist and hand complaints have seemingly been proven recalcitrant to a variety of operative and non-operative treatments to date. A trial of acupuncture is therefore indicated, particularly in light of the fact that the claims administrator cited non-MTUS Guidelines in its denial. Therefore, the request is medically necessary.

**MRI OF THE RIGHT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

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

**Decision rationale:** In this case, the operating diagnosis in question is carpal tunnel syndrome. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging is scored at one out of four in its ability to identify and define suspected carpal tunnel syndrome, while electrodiagnostic testing, conversely, is scored at four out of four in its ability to identify and define the same. In this case, the applicant already has electrodiagnostically-confirmed residual carpal tunnel syndrome following earlier carpal tunnel release surgery. It is unclear why MRI imaging is being sought as the applicant has already had gold-standard electrodiagnostic testing which definitively identified the suspected diagnosis. Therefore, the request is not medically necessary.

**MRI OF THE LEFT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging is scored at one out of four in its ability to identify and define suspected carpal tunnel syndrome, the issue seemingly present here. In this case, no compelling case for MRI imaging has been made so as to offset the unfavorable ACOEM recommendation. The applicant has had electrodiagnostic testing on multiple occasions which have been suggestive for residual carpal tunnel syndrome following earlier left carpal tunnel release surgery. Therefore, the request for MRI imaging of the left wrist is not medically necessary, for all of the stated reasons.