

<b>Case Number:</b>	CM14-0168483		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Physical Medicine & Rehabilitation, Spinal Cord Injury and is licensed to practice in New York. 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 injured worker is a 66-year-old female who reported an injury on 02/22/2010. The mechanism of injury was not specified. Her diagnoses include carpal tunnel syndrome with ulnar nerve symptoms, history of trigger finger, and shoulder impingement. Past treatments included injections, medication, and use of a brace. On 09/29/2014, the injured worker complained of pain and ongoing symptoms. Objective findings included a positive EMG, positive Phalen's test, positive Tinel's sign, evidence of impingement, decreased grip strength, and range of motion of the shoulder at 130 degrees for flexion and abduction. Her current medications were listed as ibuprofen. The treatment plan included medications, therapy, acupuncture, MRI of the left shoulder, EMG of the extremities, brace for the left wrist. A request was received for MRI of the left shoulder, an EMG/NCV study of bilateral upper extremities, physical therapy for the left upper extremity, 2 to 3 times a week for 4 weeks, and acupuncture for the bilateral wrists, 1 time a week for 4 weeks. The rationale for the request was not provided. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for MRI of the left shoulder is not medically necessary. California MTUS/ACOEM Guidelines state that imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for 1 month or more. Clinical notes indicated that the injured worker complained of ongoing pain and symptoms; however, it was also reported that the injured worker is currently working without restrictions. As the clinical evidence indicated that the injured worker does not suffer from limitations due to symptoms and is in fact working without restrictions, the request is not supported. Therefore, the request is not medically necessary.

**EMG (Electromyography)/ NCV (Nerve Conduction Velocity) study of bilateral upper extremities:** Upheld

**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): 268-269.

**Decision rationale:** The request for EMG (electromyography)/NCV (nerve conduction velocity) study of bilateral upper extremities is not medically necessary. California MTUS/ACOEM Guidelines state that in the case of peripheral nerve impingement with no improvement or worsening within 4 to 6 weeks, electrical studies may be indicated. However, guidelines also state that patients with carpal tunnel syndrome were at greater risk of complications from myelography. Clinical notes indicated that the injured worker complained of ongoing pain and symptoms. However, the injured worker was diagnosed with carpal tunnel syndrome with ulnar nerve symptoms indicating a risk for complications with myelopathy. As the request was not recommended according to the guidelines, the request is not supported. Therefore, the request is not medically necessary.

**Physical therapy for the left upper extremity, 2-3 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 97-98.

**Decision rationale:** The request for physical therapy for the left upper extremity, 2 to 3 times a week for 4 weeks is not medically necessary. California MTUS Guidelines recommend 8 to 10 visits of physical therapy for neuralgia, neuritis, and radiculitis. Clinical notes indicate that the injured worker was diagnosed with carpal tunnel syndrome and objective findings included evidence of impingement of the shoulder and decreased grip strength. However, there was no documented quantifiable evidence of functional deficits to indicate the need of physical therapy.

In the absence of appropriate documentation with significant findings to warrant the use of physical therapy, the request is not supported. Therefore, the request is not medically necessary.

**Acupuncture for the bilateral wrists, 1 time a week for 4 weeks:** Upheld

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

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

**Decision rationale:** The request for acupuncture for the bilateral wrists, 1 time a week for 4 weeks is not medically necessary. California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated. Clinical notes indicated that the injured worker reported taking up to 8 ibuprofen a day for pain in her left wrist. However, there is no evidence documented that the pain medication was not tolerated or reduced. In the absence of appropriate documentation to indicate the need for acupuncture, the request is not supported. Therefore, the request is not medically necessary.