

<b>Case Number:</b>	CM14-0173370		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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 36 year old female with an injury date of 08/01/12. Based on the 08/18/14 progress report provided by [REDACTED] the patient complains of right wrist pain rated 7/10 that radiates up the superior aspect of the right forearm and left wrist pain rated 4/10 with numbness and tingling. Physical examination of the right wrist revealed tenderness to palpation over the lateral carpal bones and decreased range of motion, especially on palmar flexion 30/60. Positive Tinel's. Examination of the left wrist revealed decreased ranged of motion, especially on radial and ulnar deviation 15/20. Positive Phalen's and Durkan's. The patient utilizes Naproxen and Tizanidine. Treater is requesting EMG/nerve conduction velocity studies of the left upper extremity as the patient has signs of carpal tunnel syndrome both by history and by clinical presentation. Physical therapy and acupuncture for the left wrist are requested, as the patient has not yet undergone conservative measures of therapy for this wrist. Progress report dated 07/22/14 by [REDACTED] states patient has had no EMG testing. Diagnosis 08/18/14- sprain of the dorsal aspect of the right wrist and hand with chronic ongoing tendinitis, radiculitis and neuropathy- bilateral carpal tunnel syndrome, clinicallyThe utilization review determination being challenged is dated 09/22/14. No rationale was given. [REDACTED] is the requesting provider, and he provided treatment reports from 05/19/14 - 09/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV for the upper left extremity:** 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): 261.

**Decision rationale:** The patient presents with left wrist pain rated 4/10 with numbness and tingling. The patient's diagnosis on 08/18/14 included bilateral carpal tunnel syndrome. Examination of the left wrist on 08/18/14, revealed decreased ranged of motion, especially on radial and ulnar deviation 15/20. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 08/18/14, the physician is requesting "EMG/nerve conduction velocity studies of the left upper extremity as the patient has signs of carpal tunnel syndrome both by history and by clinical presentation." Patient presents with radiculopathy and possible peripheral neuropathy, which require electrodiagnostic studies to differentiate. Progress report dated 07/22/14 by [REDACTED] states patient has had no EMG testing. Given the patient's upper extremity symptoms and ACOEM discussion, EMG/NCV studies would appear medically reasonable. Recommendation is for authorization.

**Physical therapy three times a week for four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical/Occupational therapy guidelines-forearm wrist and hand chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Wrist/Hand Chapter, Physical Medicine

**Decision rationale:** The patient presents with left wrist pain rated 4/10 with numbness and tingling. The request is for PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS. The patient's diagnosis on 08/18/14 included bilateral carpal tunnel syndrome. Examination of the left wrist on 08/18/14, revealed decreased ranged of motion, especially on radial and ulnar deviation 15/20. Positive Phalen's and Durkan's. ODG-TWC Guidelines states: "Wrist/Hand Chapter, Physical Medicine - Sprains and strains of wrist and hand: 9 visits over 8 weeks." Per progress report dated 08/18/14, "physical therapy and acupuncture for the left wrist are requested, as the patient has not yet undergone conservative measures of therapy for this wrist." Given the patient's condition, physical therapy would be indicated, however the request for 12 visits exceeds what is allowed by ODG. Recommendation is for denial.

**Acupuncture two times a week for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13 of 127.

**Decision rationale:** The patient presents with left wrist pain rated 4/10 with numbness and tingling. The request is for ACUPUNCTURE TWO TIMES A WEEK FOR SIX WEEKS. The patient's diagnosis on 08/18/14 included bilateral carpal tunnel syndrome. Examination of the left wrist on 08/18/14, revealed decreased ranged of motion, especially on radial and ulnar deviation 15/20. Positive Phalen's and Durkan's.9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months(D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)."Per progress report dated 08/18/14, "physical therapy and acupuncture for the left wrist are requested, as the patient has not yet undergone conservative measures of therapy for this wrist." When reading MTUS for acupuncture, prior response to therapy is not pre-requisite to a trial of acupuncture. MTUS allows for a trial of acupuncture up to 6 sessions and more if functional improvement is demonstrated. Given that this patient has not tried acupuncture in the past, the request would be indicated based on MTUS, however the requested 12 sessions exceed what is allowed by guidelines. Recommendation is for denial.