

<b>Case Number:</b>	CM14-0021616		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 34-year-old male who has submitted a claim for left hand neuropathy, left thumb tendon injury, and right wrist sprain/strain associated with an industrial injury date of March 22, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of bilateral wrist pain; left forearm, hand, and thumb pain. Physical examination showed decreased sensation and motor strength in the left thumb; local tenderness, positive Tinel's, and Phalen's in the right wrist. EMG/NCV of the right upper extremity done last January 20, 2014 showed evidence for median nerve neuropathy at the right wrist consistent with right carpal tunnel syndrome. Treatment to date has included NSAIDs, muscle relaxants, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice weekly 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:** CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Functional improvement should be observed within 3-6 treatments, with treatments rendered 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the patient complained of bilateral wrist pain; left forearm, hand, and thumb pain which persisted despite physical therapy and intake of medications. Acupuncture may be a reasonable option; however, the number of sessions exceeded guideline recommendation of initial 3 - 6 trial visits. Moreover, the request did not specify body part to be treated. Therefore, the request for acupuncture is not medically necessary.

**Electromyography test to the upper extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible neuropathy in the left upper extremity. Physical examination showed decreased sensation and motor strength in the left thumb; local tenderness, positive Tinel's, and Phalen's in the right wrist. Manifestations do not clearly reflect radiculopathy; hence, EMG is not indicated for diagnostic purpose. Of note, EMG/NCV of the right upper extremity done last January 20, 2014 showed evidence for median nerve neuropathy at the right wrist consistent with right carpal tunnel syndrome. Therefore, the request for electromyography test to the upper extremities is not medically necessary.

**Nerve conduction velocity test to the upper extremities: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Nerve Conduction Studies (NCS) 2014.

**Decision rationale:** The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this

case, the patient presented with symptoms of possible neuropathy in the left upper extremity. Physical examination showed decreased sensation and motor strength in the left thumb; local tenderness, positive Tinel's, and Phalen's in the right wrist. The physical examination is compatible with neuropathy bilaterally. Medical necessity for bilateral upper extremity NCV was established. Of note, EMG/NCV of the right upper extremity done last January 20, 2014 showed evidence for median nerve neuropathy at the right wrist consistent with right carpal tunnel syndrome. Therefore, the request for nerve conduction velocity test to the upper extremities is medically necessary.