

Case Number:	CM14-0024765		
Date Assigned:	06/16/2014	Date of Injury:	05/01/2009
Decision Date:	07/22/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 patient is a 57 year old female who was injured on 05/01/2009. The mechanism of injury is unknown. Prior treatment history has included Amitriptyline, Gabapentin, Naproxen, omeprazole, tizanidine, and Tramadol. The patient underwent left index, long and ring finger A1 pulley release, long finger ganglion cyst excision, right index long and ring finger trigger release 01/2010. She had a steroid injection. She has also received 24 sessions of physical therapy, TENS. She has also undergone left carpal tunnel syndrome with opening the carpal tunnel of unknown date. Diagnostic studies reviewed include nerve conduction studied 12/14/2012 of upper extremities demonstrated right carpal tunnel syndrome with findings suggesting both early acute denervation and chronic changes. MRI of the left hand dated 01/15/2014 revealed essentially negative MRI of the left hand. The right wrist has soft tissue swelling and increased with movement. Progress report dated 01/16/2014 indicated the patient complained of pain on the left hand. She reported pain in her left arm going up her elbow. She is now developing right hand pain with numbness and tingling in the median nerve distribution along with numbness and burning in the median distribution of the left wrist. She stated this is affecting her activities of daily living such as brushing her teeth, gripping, eating as she cannot twist her arm. Objective findings on exam revealed positive Tinel's sign on the left and the right. She has excessive sweating in her fingers. Range of motion of the left wrist is with decreased strength and movement. She has guarded flexion and extension as well as inversion and eversion. Both hands are decreased with both strength and movement. JAMAR on the right was 6.3 and on the left was 2.6. She has decreased pain and touch sensation in both median nerve distributions in both hands. Impression is bilateral carpal tunnel syndrome, right worse than left and the plan is a referral to physical therapy 3 times a week for 4 weeks and then some acupuncture 3 times a week for 4 weeks as well. Prior utilization review dated 01/29/2014 states the request for

acupuncture 2 times a week for 4 weeks for bilateral carpal tunnel syndrome, quantity 8 and ortho consultation with orthopedist for bilateral carpal tunnel syndrome were not certified as there is no documented evidence to warrant this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH ORTHOPEDIST FOR BILATERAL CARPAL TUNNEL SYNDROME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: This is a request for orthopedic consultation for bilateral carpal tunnel syndrome for 57-year-old female with chronic hand pain. MTUS guidelines recommend specialty consultation when a diagnosis is complex or care may benefit from additional expertise. However, in this case, the patient has already had several orthopedic consultations for her hand symptoms. She underwent left carpal tunnel release in 2009, which did not improve her symptoms. She reportedly is not interested in further surgery. AME on 1/20/14 did not feel further surgery was warranted given equivocal exam findings of carpal tunnel syndrome. Medical necessity is not established.

ACUPUNCTURE TWO TIMES PER WEEK FOR FOUR WEEKS, BILATERAL CARPAL TUNNEL SYNDROME, 8 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Acupuncture.

Decision rationale: This is a request for acupuncture for bilateral carpal tunnel syndrome for a 57-year-old female. CA MTUS acupuncture guidelines do not specifically address acupuncture for carpal tunnel syndrome. However, ODG guidelines state acupuncture is not recommended for carpal tunnel syndrome as efficacy is unproven. Medical necessity is not established.