

Case Number:	CM14-0025798		
Date Assigned:	06/13/2014	Date of Injury:	02/20/2013
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopaedic Surgery 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 injured worker is a 48-year-old male who was reportedly injured on 2/20/2013. The mechanism of injury was noted as "a lot of typing at work". The most recent progress note dated February 12, 2014, indicated there were ongoing complaints of bilateral hand pain, bilateral hand numbness and tingling and bilateral upper extremity pain. The physical examination demonstrated right wrist diffuse tenderness everywhere with no anatomic structure being any more tender than any other and the pain responses pronounced. No instability or crepitus. Tinel's sign is positive at the wrist for tingling in the middle finger. Phalen's test is positive at 15 seconds for tingling in the middle finger. Median nerve compression test is positive at 10 seconds for tingling in the middle finger. Range of motion: flexion 60, extension 60, ulnar deviation 40. Left wrist reveals tenderness to palpation everywhere in the left wrist with no anatomic structure being any more tender than any other and the pain responses pronounced. No instability or crepitus. Tinel's sign is positive at the wrist for tingling in the middle finger. Tinel's sign is positive at the pronator teres for tingling in the middle finger. Phalen's test is positive at 15 seconds for tingling in the middle finger. Median nerve compression test is positive at 10 seconds for tingling in the middle finger. Diagnostic imaging studies reported the following findings: electromyogram (EMG) on 9/18/2013 revealed entrapment neuropathy of the median nerve at the right wrist with very mild slowing of the nerve conduction velocity, very mild carpal tunnel syndrome on the right. No evidence of carpal tunnel syndrome on the left. Previous treatment included physical therapy which was of no benefit and bracing which he could not tolerate due to pain. Medications Include naproxen 500 mg twice daily with food and Norco 5/325 mg one tablet daily as needed for pain. The patient also received acupuncture and experienced an increase in pain according to pain management note dated 4/17/2014. A request

had been made for acupuncture two times a week for three weeks with total visits #6. This was not certified in the pre-authorization process on 2/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE BILATREAL HANDS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Acupuncture may be ordered one to three times per week for a duration of one to two months. Time to produce functional improvements is 3-6 treatments. Acupuncture is not medically necessary in the treatment of this patient due to a documented failure of this treatment modality as noted in the pain management notes from April 2014. With this failure to improve, there is no clinical indication or medical necessity for repeating this intervention.