

<b>Case Number:</b>	CM14-0027730		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 47 year old female who was injured on from 10/03/2010 to 10/03/2011. The mechanism of injury is unknown. The patient underwent debridement of the superior labrum and partial acromioplasty with partial release of the CA ligament on 08/12/2013. Ortho note dated 02/04/2014 indicated the patient complained of spinal muscle pain and spasm. She states the spasms are frequent to constant. She is having persistent right shoulder pain. She was noted to have been taking Vicodin and Solaraze gel. On examination of the right shoulder, range of motion exhibits forward elevation to 126/180 degrees; extension to 35/50 degrees; abduction to 126/180 degrees; internal rotation to 56/80; external rotation to 63/90 degrees; and adduction to 28/40 degrees. There is tenderness over the anterolateral border of the acromion. Cross-arm adduction is positive. Impingement signs are positive. Diagnoses are exacerbation of underlying cervical muscle sprain, right shoulder pain with partial thickness rotator cuff tear; right shoulder pain with partial thickness rotator cuff tear; impingement syndrome of the right shoulder secondary to AC joint arthrosis and capsular hypertrophy and type II acromiale morphology. The treatment and plan included switching her medications from Vicodin to Tramadol in order to minimize the risk of developing tolerance. Prior utilization review dated 02/14/2014 states the request for acupuncture x 6, bilateral wrist carpal tunnel syndrome is not approved as medical necessity has not been established; voltage acute sensory nerve conduction, bilateral wrist was not approved as sensory device testing is considered investigational.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE X 6, BILATERAL WRIST CTS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Acupuncture.

**Decision rationale:** This is a request for 6 sessions of acupuncture for a 47 year old female diagnosed with bilateral carpal tunnel syndrome. According to California MTUS Acupuncture guidelines, acupuncture may be recommended 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. Acupuncture is not specifically addressed. However, ODG guidelines state acupuncture is not recommended for carpal tunnel syndrome. Existing evidence does not demonstrate effectiveness. Medical necessity is not established.

**VOLTAGE ACUTED SENSORY NERVE CONDUCTION, BILATERAL WRIST:  
Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Carpal Tunnel Syndrome Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Current Perception Threshold (CPT) Testing.

**Decision rationale:** This is a request for voltage acuted sensory nerve conduction of the bilateral wrists for a 47-year-old female diagnosed with bilateral carpal tunnel syndrome. This appears to be a form of current perception threshold (CPT) testing. California MTUS guidelines do not address this procedure. However, ODG guidelines do not recommend it as there is no evidence that quantitative tests of sensation improve outcomes or management over qualitative tests. Medical necessity is not established.