

Case Number:	CM14-0043145		
Date Assigned:	07/02/2014	Date of Injury:	06/02/2002
Decision Date:	09/16/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine and rehabilitation and Pain Management 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 50-year-old female with date of injury 6/2/02. The treating physician report dated 7/9/14 indicates that the patient presents with pain (8/10) in the right wrist/hand and pain (3/10) in the left wrist/hand. It is also noted that the patient complains of triggering of the third finger of the right hand. It is also noted that acupuncture treatment provides temporary relief only. Physical examination notes right hand triggering, with diminished sensation median nerve distribution bilaterally. Muscle weakness is noted bilaterally, limited to no greater than 5 lbs. with Jamar dynamometer. She continues to use Hydrocodone and Tramadol. The current diagnoses are, 1. Status post remote bilateral carpal tunnel release. 2. Right hand third finger flexor tenosynovitis. The utilization review report dated 3/11/14 denied the request for Acupuncture with modalities to right wrist/hand, three times per week (QTY 12), and for Tens unit, 30 day trial period. The modification for acupuncture was based on the need to demonstrate functional improvement within 3-6 visits. The denial for Tens was based on ODG indicating that Tens units have limited scientific proven efficacy in the treatment of carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with modalities to right wrist/hand 3 times per week for 4 weeks (Qty 12):
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) Recommended as an option as indicated below (also see specific body-part chapters), as an option for some conditions using a short course in conjunction with other interventions. No particular acupuncture procedure has been found to be more effective than another, and the mode of action is not completely understood. Randomized controlled trials are difficult to perform as minimal acupuncture (superficial needling) has been found to trigger similar results to actual acupuncture when the former was used as a sham treatment. Acupuncture is a passive modality of treatment that is traditionally defined as the insertion of needles (1 cm to 10 cm) at specific points of treatment called acupuncture points. Alternative methods include the use of moxibustion (burning *Artemisia vulgaris* over the acupuncture site), electroacupuncture, cupping (vacuum force is applied over the site), and acupressure. Dry needling is a technique in which a needle (which can be an acupuncture needle) is inserted into a myofascial trigger point. (Ezzo, 2000) (Cherkin-Cochrane, 2002) (Han, 2004) (Casimiro, 2005) (Brinkhaus, 2006) (Melchart, 2005) (Linde-JAMA, 2005)(Haake, 2007) (Airaksinen, 2006) In addition, there may be a tendency for patient expectations to influence the outcome independently of the treatment itself. (Kalauokalani, 2001) Reviews using data published prior to 2003 have concluded that there is limited evidence that acupuncture is more effective than no treatment for chronic pain, and inconclusive that it was more effective than placebo, sham treatment or standard care. (Ezzo, 2000) (Airaksinen, 2006) Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. Not recommended for CRPS. (Colorado, 2003) Recent research: This meta-analysis concluded that a small analgesic effect of acupuncture was found, which seems to lack clinical relevance and cannot be clearly distinguished from bias. Whether needling at acupuncture points, or at any site, reduces pain independently of the psychological impact of the treatment ritual is unclear. (Madsen, 2009) In this study real acupuncture was not superior to sham acupuncture for knee arthritis, but the acupuncturists' style had significant effects on pain reduction and satisfaction, suggesting that the analgesic benefits of acupuncture may be due to placebo effects related to the acupuncturist's behavior. (Suarez-Almazor, 2010) However, in this study of acupuncture for patients with chronic back pain, positive pretreatment beliefs about acupuncture did not always lead to enhanced outcomes. (Sherman, 2010) This systematic review concluded that patients benefit most from acupuncture if they are female, live in a multi-person household, have failed other therapies, and had former positive acupuncture experience. (Witt

Decision rationale: The injured worker is a 50-year-old female with chronic history of bilateral hand/wrist pain status post bilateral carpal tunnel release surgery. The treating physician has recommended acupuncture with modalities to the right wrist/hand 3x4 (QTY 12). The MTUS -Acupuncture guidelines indicate that the time to produce functional improvement is 3-6 visits. Acupuncture may be indicated if functional improvement is documented by increasing ADLs, or decreased work restrictions or a reduction in dependency on continued medical treatment. The treating physician has reported that acupuncture is providing temporary relief only. There is no documentation of functional improvement or return to work therefore, this request is not medically necessary.

TENS Unit - 30 day trial period for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116,117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Not recommended. Transcutaneous electrical neurostimulation (TENS) units have limited scientifically proven efficacy in the treatment of carpal tunnel syndrome, but are commonly used in physical therapy. (Colorado, 1998) (Naeser, 2002) (Branco, 1999).

Decision rationale: The injured worker continues to complain of chronic bilateral wrist and hand pain. A 30 day trial of TENS unit has been recommended by the treating physician. There is no documentation that the injured worker has failed pain medicine modalities. There is nothing in the documentation which mentions that a TENS unit will be utilized in conjunction with a Functional Restoration Program. MTUS guidelines stipulate that a TENS unit may be considered as an option to be used as an adjunct to an evidenced based Functional Restoration Program. In addition, TENS is not recommended by the ODG guidelines as a treatment for Carpal Tunnel Syndrome therefore, this request is not medically necessary.