

Case Number:	CM14-0047983		
Date Assigned:	07/02/2014	Date of Injury:	07/31/2012
Decision Date:	08/26/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral wrist and bilateral elbow pain reportedly associated with cumulative trauma at work first claimed on July 31, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; a right wrist carpal tunnel release surgery on January 15, 2013; a left wrist carpal tunnel release surgery on August 12, 2013; unspecified amounts of physical and occupational therapy, per the claims administrator; and at least six sessions of acupuncture. In a Utilization Review Report dated April 7, 2014, the claims administrator apparently denied a request for electrodiagnostic testing of bilateral upper extremities and also denied a request for 12 sessions of acupuncture. Despite the fact that the MTUS address the topic, the claims administrator also invoked Third Edition ACOEM Guidelines and ODG Guidelines in its decision to deny acupuncture. The claims administrator also cited difficult to read March 11, 2014 attending provider progress note as a basis for its denial. On March 27, 2014, the applicant presented with bilateral hand and wrist pain, right greater than left, 5-7/10. The applicant was having complaints of burning symptoms, numbness, tingling, and weakness about the bilateral hands. The applicant was working modified duty, it was acknowledged. The applicant was using Neurontin, Voltaren, and Aleve, it was stated. The applicant was apparently still working at [REDACTED], it was posited. The applicant reportedly had had preoperative electrodiagnostic testing notable for carpal tunnel syndrome, it was suggested. Surgical scars were noted about the bilateral wrists with negative Tinel and Phalen's signs of the same. The applicant did apparently have positive Tinel's signs at the elbows. Electrodiagnostic testing of the bilateral upper extremities was sought to search either for focal or widespread neuropathy given the applicant's persistent symptoms following earlier failed

carpal tunnel release surgery. Additional acupuncture, Neurontin, and Voltaren were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other possible considerations, such as cervical radiculopathy. These can include NCS testing and the EMG testing, per ACOEM, should be reserved for more difficult cases. In this case, the applicant's case does certainly appear to be a more difficult case. The applicant has been given several possible diagnoses, including new or recurrent carpal tunnel syndrome, and/or possible ulnar nerve compression at the level of the elbows. Given the multiple diagnostic considerations entertained by the attending provider, EMG testing will likely be beneficial here, as suggested by ACOEM. Therefore, the request is medically necessary.

NCV of the bilateral upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261, if electrodiagnostic testing is initially negative, testing may be repeated during the course of treatment if symptoms persist. In this case, the applicant has had recurrent symptoms following earlier left and right carpal tunnel release surgeries. The applicant now reports paresthesias and tingling about the bilateral upper extremities. Obtaining repeat electrodiagnostic testing to determine the presence or absence of recurrent carpal tunnel syndrome is indicated. Therefore, the request is medically necessary.

Acupuncture x 12 for bilateral hand/wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question represents a renewal request for acupuncture. However, this request is for continuation of acupuncture at a quantity two to three times the three to six session course of treatment deemed necessary to produce functional improvement in MTUS 9792.24.c.1. No rationale for treatment thus far in excess of MTUS parameters was proffered by the attending provider. It is further noted that MTUS 9792.24.1.d notes that acupuncture may only be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there has been no such demonstration of functional improvement with earlier acupuncture treatment. The applicant, despite having returned to modified work, remains highly reliant and highly dependent on various forms of medical treatment, including adjuvant medication such as Neurontin and topical agents such as Voltaren. The very fact that repeat electrodiagnostic testing is being pursued implies that earlier acupuncture has been unsuccessful. Therefore, the request is not medically necessary.