MAXIMUS Federal Services

Case Number:	CM14-0081085		
Date Assigned:	07/18/2014	Date of Injury:	07/23/2013
Decision Date:	09/08/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 35 year old female who reported an injury on 07/23/2013 due to accumulative injuries. Diagnoses were bilateral repetitive strain injury to the hand, bilateral wrist strain, myofascial pain syndrome, and question of bilateral cervical radiculopathy versus bilateral carpal tunnel syndrome. Past treatments were physical therapy, acupuncture, home exercise program, trigger joint injections, and massage therapy. The injured worker had an EMG on 01/08/2014 that revealed normal results with no carpal tunnel or radiculopathy. There were no reported surgeries. Physical examination on 04/30/2014 revealed continued complaints of pain in the bilateral wrists and radiation of this pain into the bilateral hands with intermittent numbness and tingling sensation that effected all of the digits. It was also noted that pain was radiating from both wrists up to her forearms and into bilateral paracervical, trapezius, and rhomboid muscle area. Examination of the wrist revealed range of motion was normal. Flexion was to 60 degrees, extension was to 60 degrees, radial deviation was to 20 degrees, ulnar deviation was to 30 degrees. With palpation, there was tenderness noted in the bilateral dorsal aspect of the wrist. There were muscle spasms and trigger points in the bilateral trapezius, rhomboid, and paracervical muscle area. Sensation revealed decreased sensation in the bilateral dorsal aspect of the wrist extensors. There were normal reflexes and normal strength values. Tinel's sign was positive bilateral wrist. Medications were Vicodin and Voltaren. Treatment plan was to give 4 trigger point injections to the bilateral paracervical, trapezius, and rhomboid muscle area using 5 cc of 1% lidocaine. Naproxen 550 mg 1 tablet twice a day for inflammation, omeprazole 20 mg 1 tablet daily for stomach prophylaxis, and Neurontin 600 mg 1 tablet 3 times a day for paresthesias. The injured worker was instructed to discontinue all other medications and continue self- directed home exercise program. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 weeks Bilateral Upper Extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture (without electrical stimulation) Page(s): 1, 8, 9.

Decision rationale: The request for acupuncure 2 times for 4 weeks bilateral upper extremities is non-certified. The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acunpuncture 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. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There were no reports submitted from previous acupuncture sessions to show evidence of functional improvement. It is unknown how many sessions of acupuncture the injured worker had. Therefore, the request is non-certified.

EMG of Bilateral Upper Extremities: Upheld

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.

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

Decision rationale: ACOEM states that electromyography (EMG), and nerve conduction velocites (NCV), including H-reflex test, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conversative care and observation. The injured worker had an EMG 01/18/2014 with normal results and no carpal tunnel or radiculopathy. She had another EMG 03/07/2014. The injured worker had another EMG in 03/2014 with no results submitted. The medical necessity for having another EMG has not been established. On 02/14/2014, the injured worker was examined by a hand and wrist surgeon where he stated there was no visible swelling, especially when compared with her asymptomatic right hand. Palpation revealed tenderness everywhere. She was palpated in the left palm and wrist. Wrist range of motion, including flexion, extension, pronation, and supination, were all normal. The injured worker also

had full digitial range of motion. The provider stated he was at a loss to provide an active working diangosis for her symptoms, as her exam was so benign. This was confirmed with normal EMG test as well. The medical necessity was not established. Therefore, the request is non-certified.

NCS of Bilateral Upper Extremities: Upheld

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 17179.

Decision rationale: The request for nerve conduction study, or NCS, of bilateral upper extremities is non-certified. ACOEM states that electromyography (EMG) and nerve conduction velocities (NCV) including H-reflex test, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conversative care and observation. The injured worker had an EMG 01/18/2014 with normal results and no carpal tunnel or radiculopathy. She had another EMG 03/07/2014. The injured worker had another EMG in 03/2014 with no results submitted. The medical necessity for having another EMG has not been established. On 02/14/2014, the injured worker was examined by a hand and wrist surgeon where he stated there was no visible swelling, especially when compared with her asymptomatic right hand. Palpation revealed tenderness everywhere. She was palpated in the left palm and wrist. Wrist range of motion, including flexion, extension, pronation, and supination, were all normal. The injured worker also had full digitial range of motion. The provider stated he was at a loss to provide an active working diangosis for her symptoms, as her exam was so benign. This was confirmed with normal EMG test as well. The medical necessity was not established. Therefore, the request is non-certified.