

<b>Case Number:</b>	CM14-0194743		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 licensed in Chiropractic, 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:

According to the available medical records, this is a 35 year old female with chronic bilateral upper extremities complains, date of injury is 08/22/2013. Previous treatments include physical therapy, bracings, injections, and home exercises. Progress report dated 10/16/2014 by the treating doctor revealed patient came back with multiple concerns, she finished physical therapy, she had some relief after carpal tunnel injection on the left, she continued with numbness and tingling, as well as pain in the flexor and extensor tendons. Physical exam revealed positive Tinel's and Phalen's bilaterally, generalized tenderness in bilateral upper extremities in flexor and extensor muscles masses consistent with overuse syndrome. Diagnoses include right upper extremity overuse syndrome with chronic tenosynovitis and mild carpal tunnel, left wrist tenosynovitis and possible carpal tunnel syndrome. TENS unit and 12 sessions of acupuncture are requested. The patient may return to work with limitations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12 for the Upper Extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant presented with ongoing wrists and hands pain despite previous treatments with physical therapy, injection, bracings, and home exercises. Although acupuncture treatment may be recommended as an adjunct to physical rehabilitation, 3 to 6 visits is recommended to produce functional improvement. Therefore, the request for 12 acupuncture treatment exceeded the guidelines recommendation and not medically necessary.

**TENS Unit with supplies purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**Decision rationale:** Reviewed of the available medical records showed the claimant had tried physical therapy, bracings, injections, and home exercise, yet the treatments has failed to resolve her symptoms. According to MTUS guidelines, a one-month trial period of the TENS unit may be recommended. However, rental is preferred over purchase during this trial. Therefore, the request for TENS unit with supply purchases is not medically necessary.