

<b>Case Number:</b>	CM14-0203176		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 neck pain, shoulder pain, elbow pain, and carpal tunnel syndrome reportedly associated with an industrial injury of March 12, 2014. In a Utilization Review Report dated November 5, 2014, the claims administrator denied a request for MRI imaging of the bilateral wrists, denied a request for electrodiagnostic testing of the bilateral upper extremities, approved a psychological evaluation, approved an orthopedic evaluation, partially approved a request for 12 sessions of acupuncture as 3 sessions of acupuncture, and partially approved a second request for acupuncture as 3 sessions of the same. The claims administrator referenced an October 7, 2014 progress note in its rationale. On said October 7, 2014 progress note, the applicant reported bilateral elbow, hand, and wrist pain. The applicant reported some associated Motrin usage. The applicant exhibited tenderness about the bilateral medial and lateral epicondyles. Reportedly weakened grip strength was noted about the upper extremities. Positive Tinel and Phalen signs were noted about the wrists with diminished wrist power also evident. The applicant brought in outside diagnostic studies in 2012 which revealed moderate bilateral median neuropathy of the wrists. The attending provider stated that the applicant had other electrodiagnostic studies which were purportedly negative. The applicant was given diagnoses of severe carpal tunnel syndrome, elbow epicondylitis, elbow tendonitis, upper extremity overuse tendinopathy, elbow pain, shoulder pain, neck pain, and carpal tunnel syndrome status post left and right carpal tunnel release surgeries. The attending provider suggested that the applicant had had positive electrodiagnostic testing in 2012, and had undergone carpal tunnel release surgeries at some point between 2012 and 2014, and had had reportedly normal electrodiagnostic testing in 2014. Repeat electrodiagnostic testing was therefore sought. Urinalysis, Neurontin, and diclofenac were endorsed. The applicant was placed off of work, on total temporary disability. Twelve

sessions of acupuncture for the hands, wrists, and neck were sought. It is not clearly stated how much acupuncture the applicant had had.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI Scan of Bilateral 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** The primary operating diagnosis involving the wrists here is residual carpal tunnel syndrome following earlier carpal tunnel release surgery, the attending provider has posited. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging a 1/4 in its ability to identify and define suspected carpal tunnel syndrome. It is not clear why MRI imaging is being sought for suspected carpal tunnel syndrome in the face of the tepid-to-unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

#### **EMG/NCV Study of Bilateral Upper Extremities: Overturned**

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

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

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier testing was negative. Here, the attending provider has posited that the applicant has developed a recurrence of carpal tunnel syndrome following earlier left and right carpal tunnel release surgery. Earlier electrodiagnostic testing in early 2014 was, per the attending provider, negative. Moving forward with repeat testing to establish a diagnosis of residual carpal tunnel syndrome, is, thus indicated here. Therefore, the request is medically necessary.

#### **12 Acupuncture Sessions to The Bilateral Elbows: Upheld**

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

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

**Decision rationale:** As noted in MTUS 9792.24.1.c.1, the time being necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." Here,

the request for 12 sessions of acupuncture, thus, represents treatment at a rate two to four times MTUS parameters. No rationale for such a lengthy, protracted course of acupuncture was proffered so as to support a variance from the guideline. Therefore, the request is not medically necessary.

**12 Acupuncture Sessions to The Bilateral Hands/Wrists: Upheld**

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

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

**Decision rationale:** As noted in MTUS 9792.24.1.c.1, the time being necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." The request for 12 sessions of acupuncture, thus, represents treatment at a rate two to four times MTUS parameters. No compelling case for such protracted duration of treatment was proffered by the attending provider. Therefore, the request is not medically necessary.