

<b>Case Number:</b>	CM15-0103504		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on 8/16/13. She reported initial complaints of bilateral wrist/hands/arm pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included physical therapy; acupuncture; electrical stimulation/shockwave therapy; urine drug screening; medications. Diagnostics included x-rays bilateral hands/wrists (10/2013); MRI bilateral wrists (10/2013). Currently, the PR-2 notes dated 3/31/15 are hand written and indicated the injured worker complains of carpal tunnel bilateral wrists with left wrist pain rated at 7/10 and right hand pain 4/10. The left wrist pain radiates to the left elbow. There is tenderness to palpation of the bilateral wrists. Per the Orthopedic Agreed Medical Evaluation dated 12/17/14, page 14, the injured worker "has no ratable loss of motion of the bilateral wrists. She is diffusely tender, bilaterally, but Tinel's, Phalen and Finkelstein's signs are negative. She describes sensation in all of the fingers of the left hand. Electrodiagnostic studies of the bilateral upper extremities did not reveal any evidence consistent with carpal tunnel syndrome or other compression neuropathy or radiculopathy to explain her decreased sensation in all of the fingers of the left hand." This report did however indicate "orthopedic consultation for exacerbations as well as short courses of physical therapy and/or prescription medications" may be deemed necessary. The provider is requesting acupuncture, 6 visits and a referral to an orthopedic specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to an orthopedic specialist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The patient was injured on 08/16/13 and presents with bilateral arm, wrist, hand, and finger pain. The request is for a Referral to an Orthopedic Specialist. There is no RFA provided and the patient is not currently working. The reports provided are hand written and illegible. The report with the request is not provided. ACOEM page 127 states "The occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise". MTUS page 8 also requires that the treater provides monitoring of the patient's progress and make appropriate recommendations. The patient has a positive Tinel's and a positive Phalen's test. She is diagnosed with carpal tunnel syndrome. Given the patients chronic bilateral arm, wrist, hand, and finger pain, the request appears medically reasonable. The requested referral to an orthopedic specialist is medically necessary.

**Acupuncture x 6 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient was injured on 08/16/13 and presents with bilateral arm, wrist, hand, and finger pain. The request is for Acupuncture x 6 visits. There is no RFA provided and the patient is not currently working. The reports provided are hand written and illegible. The report with the request is not provided. The utilization review denial letter states that the patient "has been treated with acupuncture in the past". For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient has a positive Tinel's and a positive Phalen's test. She is diagnosed with carpal tunnel syndrome. It appears that the patient has already had acupuncture sessions prior to this request. However, it is unknown how many total sessions of acupuncture the patient has had to date and there is no documentation of how this acupuncture impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The requested 6 sessions of acupuncture is not medically necessary.