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| Case Number: | CM15-0160828 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 02/15/2011 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 07/30/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53-year-old female with an industrial injury dated 02-15-2012. Her diagnoses included right upper extremity radiculopathy, disc desiccation of lumbar 3-4 with mild facet arthropathy, wrist strain and bilateral elbow strain. Prior treatment included diagnostics and medications. Right carpal tunnel release was done in 2013. She presented on 07-06-2015 for reevaluation of right wrist. Physical exam noted positive Tinel's bilateral and positive Finklestein's on the right. The treatment request is for EMG/NCV bilateral upper extremity. Acupuncture 2 x 3 for bilateral wrist

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 for bilateral wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, there was no indication of reduction in pain medication. Acupuncture is considered an option. Therefore, the request for 6 sessions of acupuncture is not medically necessary.

EMG/NCV bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, routine use of NCV/EMG is not recommended for diagnosis of nerve entrapment in those without symptoms. It is recommended in that with ulnar impingement after conservative failure. In this case, the claimant had carpal tunnel surgery 1 year ago in the right wrist. The claimant has persistent Tinel's sign now in the both wrists. Although further evaluation of the left wrist may be warranted, the request for evaluation of the right wrist is not necessary based on prior known history. The request for bilateral upper extremity diagnostics is not medically necessary.