

<b>Case Number:</b>	CM15-0167691		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: 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 28 year old male with an industrial injury dated 09-29-2014. The injury is documented as occurring when he was pulling a roll of material that weighed approximately 150 pounds. The roll slipped out of his hand and he made an effort to catch the roll resulting in pain and swelling in his right thumb and wrist. His diagnoses included status post displacement of the first CMC joint and right carpal tunnel syndrome. Prior treatment included physical therapy and medication. He presented on 07-07-2015 with complaints of pain at the basal joint of his right thumb rated as 7 out of 10. He also complained of right wrist pain with numbness in the palm, index and middle finger. He rates his symptoms as 6 out of 10. Physical exam of the thumb noted swelling of the first CMC joint, which was tender upon palpation. There was numbness in the right palm, index and middle finger. Grip strength is decreased on the right as compared to the left. Phalen's, Reverse Phalen's, Tinnel's and Finkelstein's were positive. The treatment request is for Electromyography and Nerve Conduction Velocity of the Bilateral Upper Extremity - Acupuncture 2x5 for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x5 for the right wrist:** Upheld

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

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

**Decision rationale:** 9792.24.1 of the Acupuncture Medical Treatment Guidelines includes comments on the frequency and duration of acupuncture treatment. These guidelines state the following: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (ef). In this case, the number of requested treatment sessions (total of 10) exceeds the above cited guidelines. Therefore, acupuncture 2X5 sessions for the right wrist are not medically necessary. In the Utilization Review process, this request was modified to allow for 2X2 Sessions. This action is consistent with the above-cited guidelines and should allow for a determination of efficacy of treatment based on objective functional outcomes documented in the medical record. Therefore, the request is not medically necessary.

**Electromyography and Nerve Conduction Velocity of the Bilateral Upper Extremity:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** In this case, the records indicate that the patient has had a prior electrodiagnostic study of the upper extremities; however, the results of this study were not documented in the medical records. The MTUS/ACOEM Guidelines in Chapter 11 describe the rationale for performing EMG/NCV studies. For carpal tunnel syndrome, Nerve Conduction Studies are only recommended after failure of conservative therapy. These guidelines recommend against the routine use of EMGs or NCVs without clear indications. The medical records available for review have insufficient information to justify the need for EMG and NCV studies of the bilateral upper extremities. Further, the records indicate that the patient underwent prior studies; but the results are not available for review. Given the absence of the prior electrophysiologic studies and lack of justification for EMG and NCV studies of the upper extremities, this test is not medically necessary at this time.