

Case Number:	CM15-0199737		
Date Assigned:	10/14/2015	Date of Injury:	05/08/2009
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/12/2015

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 35 year old female, who sustained an industrial injury on May 8, 2009, incurring upper extremities injuries. She was diagnosed with bilateral carpal tunnel syndrome. She underwent carpal tunnel release in October 2012. Treatment included anti-inflammatory drugs, proton pump inhibitor, sleep aides, acupuncture, topical analgesic gel, and activity restrictions and modifications. Currently, the injured worker complained of continued pain with numbness and tingling in the bilateral hands and left arm with some loss of grip strength. Medications helped relieve some pain but persistent pain interfered with her sleep and activities of daily living. The treatment plan that was requested for authorization included acupuncture treatment twice a week for four weeks and bilateral electro diagnostic studies of the upper extremities. On September 25, 2015, a request for acupuncture and studies of the upper extremities was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2x a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with pain in the left arm. The request is for acupuncture treatment 2x a week for 4 weeks. Patient is status post left carpal tunnel release and release of the middle finger trigger digit, 10/25/12. Physical examination to the left arm on 09/01/15 revealed tenderness to palpation along the course of the median nerve into the forearm and over the left carpal tunnel, with mild swelling. Tinel and Phalen signs were positive on the left. There was mild crepitance in the flexor sheaths of the middle and ring fingers. Per 09/01/15 Request for Authorization form, patient's diagnosis includes left carpal tunnel syndrome with left hand trigger digits. Patient's medications, per 08/04/15 progress report include Naprosyn, Protonix, Ultracet, and Lidoderm Gel. Per 09/01/15 progress report, the patient may continue to work for no more than an eight-hour shift per day. MTUS Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. The treater has not discussed this request. Review of the medical records provided did not indicate prior acupuncture treatments this patient may have had. The patient continues with pain in the left arm with tingling and numbness and a short course of acupuncture treatment would be indicated. However, the request is for 8 sessions of acupuncture, which exceeds guideline recommendations. Therefore, the request is not medically necessary.

Bilateral electrodiagnostic studies of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back Procedure Summary electromyography, nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with pain in the left arm. The request is for bilateral electrodiagnostic studies of the upper extremities. Patient is status post left carpal tunnel release and release of the middle finger trigger digit, 10/25/12. Physical examination to the left arm on 09/01/15 revealed tenderness to palpation along the course of the median nerve into the forearm and over the left carpal tunnel, with mild swelling. Tinel and Phalen signs were positive on the left. There was mild crepitance in the flexor sheaths of the middle and ring fingers. Per 09/01/15 Request for Authorization form, patient's diagnosis includes left carpal tunnel syndrome with left hand trigger digits. Patient's medications, per 08/04/15 progress report include Naprosyn, Protonix, Ultracet, and Lidoderm Gel. Per 09/01/15 progress report, the patient may continue to work for no more than an eight-hour shift per day. For EMG, ACOEM Guidelines, Chapter 12, Low Back Complaints Chapter, under Special Studies and Diagnostic Treatment Consideration section, page 303 states: "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4

weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In progress report dated 09/01/15, the treater is requesting nerve conduction studies of the left arm in light of the persistent median neuropathy. Review of the medical records provided do not indicate a prior NCV studies of the left upper extremity. Given patient's diagnosis and continued symptoms, the request appears reasonable and would be indicated. However, the request is for electrodiagnostic studies of the bilateral upper extremities. In this case, the treater has not documented any problems or concerns involving the right upper extremity. Therefore, the request for NCV of bilateral upper extremities is not medically necessary.