

<b>Case Number:</b>	CM15-0200394		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female with a date of injury on 12-12-14. A review of the medical records indicates that the injured worker is undergoing treatment for right wrist injury. Progress report dated 6-5-15 reports continued complaints of right wrist pain. She reports the pain has substantially improved and she wears a brace 24 hours per day. She is still unable to perform activities of daily living due to the pain. Physical exam: right wrist range of motion is limited by pain, tender on palpation. Left wrist is painful on palpation on the distal radioulnar joint of the TFCC. MRI of right wrist 2-25-15 revealed ulnar aspect TFCC with moderate fluid in the distal radial ulnar joint. Request for authorization was made for EMG NCS bilaterally upper extremities and acupuncture right upper extremity 2 times per week for 5 weeks. Utilization review dated 10-2-15 modified the request to certify acupuncture right upper extremity 5 visits and non-certified EMG NCS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with neck and/or arm pain lasting more than 3-4 weeks. In this case, although there was pain, there are no neurologic findings, no deficits and no clinical rationale for EMG/NCV. There was no documented lack of peripheral nerve dysfunction. The request for EMG bilateral Upper Extremities is not medically appropriate or necessary.

**Acupuncture 2x5 Right Upper Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Guidelines note that acupuncture is used as an option to reduce pain, increase range of motion and when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, the request for 10 acupuncture 2x5 for the right upper extremity exceeds guidelines and is not medically appropriate or necessary.