

<b>Case Number:</b>	CM15-0029797		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	01/01/1992
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: 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 65 year old male who sustained an industrial injury on 1/1/92. The injured worker reported symptoms in the pain in bilateral upper extremities. The diagnoses included bilateral elbow epicondylitis and bilateral wrist tendonitis. Treatments to date were not noted in provided documentation. In a progress note dated 1/7/15 the treating provider reports the injured worker was with "bilateral elbow pain and bilateral wrist pain with occasional numbness and tingling." On 1/19/15 Utilization Review non-certified the request for bilateral carpal tunnel injection under ultrasound guidance, acupuncture 1 x 6 weeks bilateral elbow/wrist, shock wave therapy bilateral epicondylitis, and electromyography/nerve conduction velocity bilateral upper extremities. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Carpal Tunnel Injection Under Ultrasound Guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ultrasound, Diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines carpal tunnel chapter on cortisone injection carpal tunnel chapter on Ultrasound.

**Decision rationale:** This patient presents with bilateral elbow and bilateral wrist pain. The treater is requesting BILATERAL CARPAL TUNNEL INJECTION UNDER ULTRASOUND GUIDANCE. The RFA was not made available for review. The patient's date of injury is from 01/01/1992 and he is currently permanent and stationary and retired. The MTUS and ACOEM guidelines do not address this request. However, ODG guidelines under the carpal tunnel chapter on cortisone injection states that it recommends a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. Additional injections are only recommended on a case to case basis. Repeat injections are only recommended if there is evidence that a patient who has responded to the first injection is unable to undertake a more definitive surgical procedure at that time. For ultrasound, the ODG guidelines states that it is recommended as an additional option only in difficult cases. High-frequency ultrasound examination of the median nerve and measurement of its cross-sectional area may be considered as an alternative diagnostic modality for the evaluation of CTS. The records do not show any previous bilateral carpal tunnel injection under ultrasound guidance. The examination from the 01/07/2015 progress report shows tenderness upon flexion and bending of the bilateral wrists. Tinel's sign was positive. The rest of the report was illegible. In this case, while the request for a bilateral carpal tunnel injection is appropriate for this patient, there is no discussion as to the complexity of the patient's case to warrant an ultrasound guidance. The request IS NOT medically necessary.

#### **Acupuncture 1x6 Weeks Bilateral Elbow/Wrist: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration Function.

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

**Decision rationale:** This patient presents with bilateral elbow and bilateral wrist pain. The treater is requesting ACUPUNCTURE ONE TIME SIX WEEKS BILATERAL ELBOW/WRIST. The RFA was not made available for review. The patient's date of injury is from 01/01/1992 and he is currently permanent and stationary and retired. The Acupuncture Medical Treatment Guidelines page 13 states that it 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. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records do not show any previous acupuncture therapy reports. The patient does not have a history of acupuncture treatments. Given the patient's chronic pain, a trial of acupuncture is appropriate. The request IS medically necessary.

### **Shock Wave Therapy Bilateral Epicondylitis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines elbow chapter, Extracorporeal shockwave therapy.

**Decision rationale:** This patient presents with bilateral elbow and bilateral wrist pain. The treater is requesting SHOCKWAVE THERAPY BY LATERAL EPICONDYLITIS. The RFA was not made available for review. The patient's date of injury is from 01/01/1992 and he is currently permanent and stationary and retired. The MTUS and ACOEM guidelines do not address this request. However, the ODG guidelines under the elbow chapter on extracorporeal shockwave therapy states that it is "not recommended." High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but it is still not recommended. Trials in this area have yielded conflicting results. The records do not show any previous shockwave therapy to the bilateral epicondylitis. In this case, the ODG guidelines do not recommend shockwave therapy for the treatment of epicondylitis. The request IS NOT medically necessary.

### **EMG/NCV Bilateral Upper Extremities: 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): 260-262. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, EMG/NCS studies.

**Decision rationale:** This patient presents with bilateral elbow and bilateral wrist pain. The treater is requesting EMG/NCV AND BILATERAL UPPER EXTREMITIES. The RFA was not made available for review. The patient's date of injury is from 01/01/1992 and he is currently permanent and stationary and retired. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies -EDS- may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography -EMG. Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records do not show any previous EMG/NCV of the bilateral upper extremities. The 01/07/2015 progress report shows tenderness in the medial and lateral epicondylitis. Tinel's sign is positive on the bilateral wrist. There is tenderness upon flexion and bending on the bilateral wrist. The rest of the report was illegible. There are no neurological or sensory deficits noted. The patient does not report any radiating symptoms to the upper

extremities. In this case, the patient does not meet the guidelines for an EMG/NCV of the bilateral upper extremities. The request IS NOT medically necessary.