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| <b>Case Number:</b>   | CM15-0082045 |                              |            |
| <b>Date Assigned:</b> | 05/04/2015   | <b>Date of Injury:</b>       | 11/18/2013 |
| <b>Decision Date:</b> | 06/02/2015   | <b>UR Denial Date:</b>       | 04/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/29/2015 |

### 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: 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:

The injured worker is a 63 year old female with an industrial injury dated 11/18/2013. The injured worker's diagnoses include carpal tunnel syndrome and bicipital tenosynovitis. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 3/26/2015, the injured worker reported right wrist pain. Objective findings revealed positive Tinel's sign and Finkelstein's test bilaterally. The treating physician prescribed services for physical therapy and acupuncture for the right wrist now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the right wrist, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** As per MTUS Post-Surgical Guideline, there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks up to a maximum of 8 sessions. Documentation show that patient has documented 12 PT sessions for affected wrist with documented subjective improvement only. There is no documentation of any objective improvement in pain or function with these sessions, Additional physical therapy is not medically necessary.

**Acupuncture for the right wrist, twice a week for four weeks:** Upheld

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

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

**Decision rationale:** As per MTUS Acupuncture medical treatment guidelines, a trial of acupuncture may be attempted with 3-6 sessions with additional sessions only recommended with documented improvement in objective pain and function. Patient has documented prior acupuncture sessions(unknown number) with claim of improvement but no objective documentation of decrease in pain medications or function. The request for 8 acupuncture sessions exceed guidelines if it is for a trial and exceeds maximum recommended sessions without documentation of objective benefit. Request for acupuncture of right wrist is not medically necessary.