

Case Number:	CM14-0102341		
Date Assigned:	09/16/2014	Date of Injury:	11/03/2010
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old female with a date of injury of 11/03/2010. The listed of diagnoses are wrist joint pain and hand joint pain. The medical file provided for review includes one progress report which is dated after the utilization review. According to report 08/27/2014, the patient presents with bilateral upper extremity complaints. Examination revealed left arm and hand weakness due to pain and sensitive to touch at the left hand. Left shoulder revealed abduction 90 degrees after H-wave trial. Left wrist/ hand revealed positive swelling. The patient was unable to performed 3rd finger or 5th finger to thumb pinch and there was decreased grip 4/5 and sensory deficits in 4th and 5th digits. Right wrist revealed positive crepitus with range of motion and sensory deficits in the 2nd through 4th digits. The treater is requesting acupuncture 5 to 10 sessions, EMG of the bilateral upper extremities, and Voltaren gel for the bilateral wrists and hands. Utilization review denied the request on 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 5-10 session bilateral hands/wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: This patient presents with bilateral upper extremity complaints. The request is for acupuncture 5 to 10 sessions for the bilateral hands and wrists. Utilization review denied the requesting stating "There is no indication the patient is actively seeking physical rehabilitation or surgical intervention for the injuries." For acupuncture, MTUS page 8 recommends acupuncture for pain suffering a restoration for function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per day with optimal duration of 1 to 2 months. There is no indication that the patient has participated in acupuncture treatment in the past. Given patient's continued pain, a course of 3 to 6 treatments may be indicated, but the treatment request is for 5 to 10 sessions. The requested sessions outside of the recommend initial 3 to 6 treatments are not recommended. Therefore, the request is not medically necessary.

Electromyography (EMG) of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: This patient presents with bilateral upper extremity complaints. The treater is requesting EMG of the bilateral upper extremities. Utilization review denied the request stating "The patient has no signs of peripheral nerve entrapment as no peripheral neuropathy testing was documented." ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. The medical file indicates the patient has not had an EMG in the past. Given the patient's sensory deficits and pain, an EMG for further investigation may be warranted. As such, this request is medically necessary.

Voltaren gel bilateral hands/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: This patient presents with bilateral upper extremity complaints. The treater is requesting Voltaren gel for the bilateral hands and wrist complaints. The MTUS Guidelines states, "efficacy in clinical trials for this topical non-steroidal anti-inflammatory drugs (NSAIDs) modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendonitis, in particular that of the knee and elbow and other joints that are amenable to topical treatment, recommended for short term use for 12 weeks. There is little

evidence utilized topical NSAID for treatments of osteoarthritis of the spine, hip, or shoulder." In this case, the patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated for. Therefore, this request is not medically necessary.