

<b>Case Number:</b>	CM14-0142640		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 51 year old female who sustained a work injury on 7-20-12. On this date, the claimant fell on uneven ground while holding a heavy patrol light, sustaining an injury to the right thumb and wrist. The claimant has been treated with home exercise program, physical therapy, surgery, injections, work modifications, hand therapy. Surgery consisted of thumb arthroplasty with tendon transfer for the trapezius on 1-29-13. The claimant had an EMG/NCS performed on 4-3-13 that showed right carpal tunnel syndrome. Reexamination QME on 4-21-14 notes recommendations made for medical treatment to include further neurological evaluation for her right upper extremity symptoms. Physiatrist consult on 7-23-14 notes the diagnosis of right lumbosacral strain, right t lumbosacral radiculopathy, myofascial pain, right wrist pain, right thumb pain, status post right forearm and hand surgery, and myofascial pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right thumb Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & hand (Updated 08/08/14), MRI's

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hand, forearm, wrist chapter -MRI

**Decision rationale:** Per ODG, repeat MRI's are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Medical Records reflect this claimant had an MRI of the right thumb on 10-29-12. There is an absence in documentation noting that this claimant has had significant pathology or changes. Therefore, the medical necessity of his request is not established.

**Acupuncture 2 times weekly for the right thumb and wrist, Qty: 8: Upheld**

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

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

**Decision rationale:** CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. There is an absence in documentation noting goals or the necessity for acupuncture that exceeds current treatment guidelines. Therefore, the medical necessity of this request is not established.

**Urine toxicology screening, Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 77-80, and 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** MTUS notes that use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. There is an absence in documentation noting this claimant is being prescribed opioids or controlled substances that require monitoring. Therefore, the medical necessity of this request is not established.

**Electromyography (EMG) bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Neck & Upper Back (Updated 08/04/14), Carpal Tunnel Syndrome (updated 02/20/14), Electromyography (EMG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** ACOEM notes Quality EDS (see above) are recommended to assist in securing a firm diagnosis for those patients without a clear diagnosis of CTS. EDS are also recommended as one of two methods to attempt to objectively secure a diagnosis of CTS prior to surgical release. The claimant had an EMG/NCS on 4-3-13. There is an absence in objective documentation to support a repeat diagnostic studies without significant changes in her condition. Therefore, the medical necessity of this request is not established.

**Nerve conduction studies (NCS) bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** ACOEM notes Quality EDS (see above) are recommended to assist in securing a firm diagnosis for those patients without a clear diagnosis of CTS. EDS are also recommended as one of two methods to attempt to objectively secure a diagnosis of CTS prior to surgical release. ODG reflects that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a claimant is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. The claimant had an EMG/NCS on 4-3-13. There is an absence in objective documentation to support a repeat diagnostic studies without significant changes in her condition. Therefore, the medical necessity of this request is not established.