

<b>Case Number:</b>	CM14-0154584		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	10/07/2008
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational Medicine 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:

There were 81 pages provided for review. The request for independent medical review was for acupuncture two times a week for four weeks for both upper extremities, an updated NCV EMG of both upper extremities, and DME bilateral wrist braces. The form was not signed. There was a utilization review done on August 29, 2014. Per the records provided, the claimant sustained an injury on August 11, 2011 involving both elbows and wrists. There was subjective numbness in both fourth and fifth digits with pain in the elbows and wrist. There was bilateral lateral epicondyles tenderness, a positive Tinel's sign at the cubital tunnel's, tenderness at both wrists at the scaphoid tubercle and first dorsal compartment and a positive Finkelstein's test. There were records of an EMG that was done in January that showed mild to moderate neuropathy involving the ulnar nerve at the left elbow. There was entrapment neuropathy of the right ulnar nerve with very mild slowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 bilateral upper extremities:** Upheld

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

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

**Decision rationale:** The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). However, this request is for 8 sessions. Therefore, this request is not medically necessary.

**NCV/EMG bilateral upper extremities:** 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), Electrodiagnostic Testing

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the studies were already accomplished, with significant results. It is unclear how a repeat would change the clinical planning or course of action. Therefore, this request is not medically necessary.

**Bilateral wrist braces:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 11, pages 271-273, table 11-7, Rest and Immobilization, Optional Prolonged Splinting

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** The California MTUS-ACOEM guides, Chapter 11 for the Forearm, Wrist and Hand note, on page 263, initial treatment of carpal tunnel syndrome (CTS) should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. There is sufficient MTUS support for the splints as a nominal treatment, and the patient does have conditions treatable by splints. Therefore, this request is medically necessary.