

Case Number:	CM14-0213558		
Date Assigned:	12/31/2014	Date of Injury:	02/06/2013
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 45 year old female who was injured on 2/6/2013. She was diagnosed with right carpal tunnel syndrome and right middle trigger finger. EMG/NCS of the upper extremity was performed on 4/22/13 and was a normal study. She was treated with bracing, acupuncture, modified duty, and NSAIDs. Repeat EMG was requested around 6/2014 due to numbness, but was denied. Later, on 11/4/14, the worker was seen by her primary treating physician reporting not being able to return to work as they wouldn't take her at modified duty. The EMG testing for the upper extremity was not completed yet at the time (nonapproved). She reported continual pain, burning, weakness, and triggering of the right middle finger. Physical findings included reduced strength of right hand, triggering of right middle finger, positive Phalen's test, Tinel's sign is positive, and "provocative testing" was positive. She was again recommended to have the upper extremity EMGs and take her medications. Later, on 11/14/14, the worker's provider submitted a request for acupuncture and EMG/NCV testing for the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6 for the right arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, she had completed some acupuncture, however, there was insufficient reporting on its effects on her right arm/hand symptoms which might have helped justify a continuation of these sessions as requested. Therefore, without evidence of functional benefit with prior sessions of acupuncture, continuation will be considered medically unnecessary.

EMG (electromyography)/NCV (nerve conduction velocity) of the right upper extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. Although in this case there was a report of numbness and pain in the right hand, likely from carpal tunnel syndrome, there were no physical findings or subjective complaints which would have suggested any other diagnosis besides carpal tunnel syndrome and the findings were clearly confirming this diagnosis. It is unclear as to why electrodiagnostic testing was being repeated requested with the existing evidence being clear for carpal tunnel syndrome. Therefore, the EMG/NCV testing for the right upper extremity is medically unnecessary.