

<b>Case Number:</b>	CM15-0072825		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 48 year old female, who sustained an industrial injury on 7/15/13. The injured worker has complaints of burning right shoulder pain and burning right wrist pain and muscle spasms. The diagnoses have included right shoulder arthralgia; right wrist pan and right wrist sprain/strain. Treatment to date has included sleep disorder breathing respiratory diagnostic study; pulmonary stress test; functional assessment diagnostic; cardio-respiratory diagnostic testing; hot/cold unit; magnetic resonance imaging (MRI); deprizine; dicopanol; fanatrex; synapryn; tabradol; cyclobenzaprine and detoprofen cream. The documentation noted on 1/29/15 that due to the signs of infection noted at the right wrist it was recommended that the injured worker does not undergo any therapies for this area at the moment. The request was for 6 physical therapy sessions for the right carpal tunnel and 6 acupuncture therapy sessions for the right carpal tunnel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions for the right carpal tunnel: 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), Carpal Tunnel.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Hand (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks; Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Post-surgical treatment (open): 3-8 visits over 3-5 weeks." ODG additionally states "Post surgery a home physical therapy program is superior to extended splinting. (Cook, 1995) This RCT concluded that there was no benefit in a 2-week course of hand therapy after carpal tunnel release using a short incision, and the cost of supervised therapy for an uncomplicated carpal tunnel release seems unjustified. (Pomerance, 2007) Continued visits should be contingent on documentation of objective improvement, i.e., VAS improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments." The medical records indicate that this patient has attended an unknown number of physical therapy sessions. The treating physician has not provided documentation of objective functional improvement and why a home exercise program is not sufficient. As such, 6 physical therapy sessions for the right carpal tunnel is not medically necessary.

**6 acupuncture therapy sessions for the right carpal tunnel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Carpal Tunnel Syndrome, Acupuncture.

**Decision rationale:** MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is 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." The medical documents did not provide detail regarding patient's increase or decrease in pain medication from previous acupuncture treatments. In addition, ODG does not recommend acupuncture for carpal tunnel syndrome. ODG states "Not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control." This patient has attended an unknown number of acupuncture sessions. The treating physician has not provided documentation of objective functional improvement with previous therapy. As such, the request for 6 acupuncture therapy sessions for the right carpal tunnel is not medically necessary.