

<b>Case Number:</b>	CM15-0076227		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	02/08/2015
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old female with an industrial injury dated February 8, 2015. The injured worker's diagnoses include right carpal tunnel syndrome. Treatment consisted of diagnostic studies, prescribed medications, wrist brace and periodic follow up visits. In a progress note dated 3/17/2015, the injured worker reported frequent burning of the right hand and wrist with numbness and tingling sensation. Objective findings revealed positive Tinel's and Phalen's test for the right hand. The treating physician prescribed services for acupuncture 2 x4, right wrist, electromyography (EMG) /nerve conduction velocity (NCV) of bilateral upper extremities , durable medical equipment (DME): soft wrist brace, and transcutaneous electrical nerve stimulation (TENS) Unit x 30 day trial now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x4, Right Wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient was injured on 02/08/15 and presents with right hand and right wrist pain. The request is for ACUPUNCTURE 2 X 4 FOR THE RIGHT WRIST. There is no RFA provided and the patient is to return to work with no restrictions. Review of the reports provided does not indicate if the patient had any prior acupuncture sessions. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), A significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient has frequent burning pain of the right hand/wrist with numbness/tingling and is diagnosed with right carpal tunnel syndrome. Tinel's carpal tunnel, Phalen's test, and carpal compression test is positive for the right wrist/hand. Treatment consisted of diagnostic studies, prescribed medications, wrist brace and periodic follow up visits. The 03/17/15 report states that "the goals of conservative acupuncture treatment are to decrease muscle spasticity, decrease pain, [and] increase circulation." In this case, there is no indication that the patient has had any prior acupuncture sessions. It may be reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement, as required by MTUS Guidelines. However, the treating physician is requesting for a total of 8 sessions of acupuncture which exceeds what the guidelines recommend for an initial trial. The requested 8 sessions of acupuncture IS NOT medically necessary.

#### **EMG/NCV of Bilateral Upper Extremities: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 260. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Procedures, Online Version, Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines, neck and upper back (acute and chronic) chapter, EMG.

**Decision rationale:** The patient was injured on 02/08/15 and presents with right hand and right wrist pain. The request is for EMG/NCV OF THE BILATERAL UPPER EXTREMITIES to assess symptomatic alpha and beta sensory fibers to determine neuralgic clinical involvement of the patient's upper extremity injuries. The utilization review denial letter states that the "claimant has only received limited treatments to date to indicate an electrodiagnostic exam at this time." There is no RFA provided and the patient is to return to work with no restrictions. Review of the reports provided does not indicate if the patient had any EMG/NCV studies done prior to this request. ACOEM Guidelines page 260 states: "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. EMG may confirm the diagnosis of CTS but may be normal in early or mild

cases of CTS. If the EDS are negative, tests may be repeated later and the course of treatment if symptoms persist. ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary." The patient has frequent burning pain of the right hand/wrist with numbness/tingling and is diagnosed with right carpal tunnel syndrome. Tinel's carpal tunnel, Phalen's test, and carpal compression test is positive for the right wrist/hand. Treatment consisted of diagnostic studies, prescribed medications, wrist brace and periodic follow up visits. The treater is requesting an EMG/NCV of the bilateral upper extremities to assess symptomatic alpha and beta sensory fibers to determine neuralgic clinical involvement of the patient's upper extremity injuries. Given the patient continues to have pain of the right hand/wrist with numbness/tingling, has positive exam findings, and is diagnosed with right carpal tunnel syndrome, an EMG/NCV appears reasonable. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. Therefore, the requested EMG/NCV of the bilateral upper extremities IS medically necessary.

**DME: Soft Wrist Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Procedures, Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official disability guidelines Wrist Chapter, Splinting.

**Decision rationale:** The patient was injured on 02/08/15 and presents with right hand and right wrist pain. The request is for DME SOFT WRIST BRACE. There is no RFA provided and the patient is to return to work with no restrictions. The patient has been using a wrist splint as early as 02/11/15. For wrist bracing/splinting, ACOEM Guidelines page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." ODG, Wrist Chapter, Splinting, states, "Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment." The reason for the request is not provided. The patient has frequent burning pain of the right hand/wrist with numbness/tingling and is diagnosed with right carpal tunnel syndrome. Tinel's carpal tunnel, Phalen's test, and carpal compression test is positive for the right wrist/hand. Treatment consisted of diagnostic studies, prescribed medications, wrist brace and periodic follow up visits. In this case, ODG, recommends splinting of the wrists as an option in conservative treatment. However, the patient has already been using wrist splint since 02/11/15 and there is no indication of why the patient needs an additional brace. Therefore, the requested soft wrist brace IS NOT medically necessary.

**TENS Unit x 30 day Trial:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Procedures, Online Version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** The patient was injured on 02/08/15 and presents with right hand and right wrist pain. The request is for TENS UNIT X 30 DAY TRIAL. The utilization review denial rationale is that "TENS unit have limited scientifically proven efficacy in the treatment of carpal tunnel syndrome." There is no RFA provided and the patient is to return to work with no restrictions. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The reason for the request is not provided. The patient has frequent burning pain of the right hand/wrist with numbness/tingling and is diagnosed with right carpal tunnel syndrome. Tinel's carpal tunnel, Phalen's test, and carpal compression test is positive for the right wrist/hand. Treatment consisted of diagnostic studies, prescribed medications, wrist brace and periodic follow up visits. Given that the patient continues to have numbness/tingling down his right hand/wrist, a 30 day trial of the TENS unit appears reasonable. The request IS medically necessary.