

<b>Case Number:</b>	CM13-0004950		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/08/2008
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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, has a subspecialty in Pain 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:

The injured worker is 60 year old male who has filed a claim for traumatic sustained injury when his right hand struck a treadmill on May 8, 2008 while employed by a gym. Shortly thereafter, x-rays were taken and the applicant was diagnosed with wrist and hand strain/sprain that presented with sharp pain in the hand and thumb radiating to the right shoulder. Since this incident, the applicant has had trigger release surgery to the right thumb on 8/25/08, an MRI of the right hand with negative findings, an electro-diagnostic examination on 8/31/09 with very severe abnormal results, and a digital electronic dual inclinometry indicating decreased range of motion of bilateral wrist. Conservative forms of treatment include pain medications, anti-inflammatory medications, and steroid injections to the right thumb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE 2 TIMES PER WEEK FOR 8 WEEKS FOR THE RIGHT HAND:**

Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state that the time to produce functional improvement through acupuncture is 3-6 visits that take place 1-3 times a week over the course of 1-2 months. If functional improvement is documented, treatment may be extended. In the case of this injured worker, there is documentation of limited benefit from interventions to date. Acupuncture may be a reasonable option for him. However, the request for 16 total treatments exceeds the necessity for an initial 3-6 visit trial. As such, the request is not medically necessary.