

<b>Case Number:</b>	CM13-0007730		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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 Chiropractic, has a subspecialty in Acupuncture 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 patient is a 60-year-old male with a date of injury of 10/23/2012. According to the progress report dated 7/1/2013, the patient complained of right wrist pain. The pain was rated at 5-6/10. The pain increases with lifting, pushing, pulling packages and lots of repetitive motion. Significant objective findings include tenderness over the right wrist extensor mechanism, edema, unrestricted wrist motion, and normal sensory examination. The patient was diagnosed with right wrist pain, right hand pain, right upper extremity overuse syndrome, and right wrist extensor tendinitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 ADDITIONAL SESSIONS OF ACUPUNCTURE TO TREAT THE RIGHT WRIST (ONE OR MORE NEEDLES WITHOUT ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT):** Upheld

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

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

**Decision rationale:** The Acupuncture treatment guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicated that the patient

completed 6 acupuncture sessions. There was no documentation of functional improvement from the completed acupuncture trial. Therefore, the provider's request for 8 additional acupuncture sessions is not medically necessary at this time.