

<b>Case Number:</b>	CM13-0012039		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Family Medicine and is licensed to practice in Tennessee, California and Florida. 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 a 50-year-old female who sustained an injury to her right upper extremity on 06/21/11. The mechanism of injury was not documented. The records indicate that the injured worker underwent carpal tunnel release surgery and other therapies, yet the injured worker remained symptomatic. Electrodiagnostic studies (EMG/NCV) of the right upper extremity revealed bilateral median sensory responses prolonged, right more than left. Bilateral ulnar studies normal, right median and ulnar motor studies, needle electrodiagnostic study (EMG) of the right upper extremity were normal. The conclusion was that the examination was consistent with bilateral carpal tunnel syndrome, right more severe than left, with no evidence of right cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWO TIMES FOR SIX WEEKS FOR RIGHT ARM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for acupuncture two times a week times six weeks for the right arm is not medically necessary. This request was denied on the basis that the requested 12 visits

were in excess of the California Medical Treatment Utilization Schedule (CAMTUS) guidelines; therefore, a partial certification for four visits as an initial clinical trial was certified. The California MTUS recommends 1-3 visits per week for 1 to 2 months. Acupuncture treatment may be extended if functional improvement is documented. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the California MTUS recommendations, either in frequency or duration of acupuncture therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for acupuncture two times a week times six weeks for the right arm has not been established.

**ACUPUNCTURE TWO TIMES FOR SIX WEEKS FOR RIGHT ELBOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for acupuncture two times a week times six weeks for the right arm is not medically necessary. This request was denied on the basis that the requested 12 visits were in excess of the California Medical Treatment Utilization Schedule (CAMTUS) guidelines; therefore, a partial certification for four visits as an initial clinical trial was certified. The California MTUS recommends 1-3 visits per week for 1 to 2 months. Acupuncture treatment may be extended if functional improvement is documented. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the California MTUS recommendations, either in frequency or duration of acupuncture therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for acupuncture two times a week times six weeks for the right elbow has not been established.

**ACUPUNCTURE TWO TIMES FOR SIX WEEKS FOR RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for acupuncture two times a week times six weeks for the right arm is not medically necessary. This request was denied on the basis that the requested 12 visits were in excess of the California Medical Treatment Utilization Schedule (CAMTUS) guidelines; therefore, a partial certification for four visits as an initial clinical trial was certified. The California MTUS recommends 1-3 visits per week for 1 to 2 months. Acupuncture treatment may be extended if functional improvement is documented. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the California MTUS recommendations, either in frequency or duration of acupuncture therapy visits. Given the clinical documentation submitted for review, medical necessity of the request

for acupuncture two times a week times six weeks for the right shoulder has not been established.