

<b>Case Number:</b>	CM13-0016130		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/19/2004
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Licensed 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:

Claimant is a 66 year old male who sustained a work related injury on 4/19/2004. His diagnoses are mild right carpal tunnel syndrome and bilateral upper extremity repetitive strain injury with a flare-up in symptoms. Per a Pr-2 dated 7/29/2013, the claimant has pain in the bilateral hands and tingling in the left upper extremity. He reports of worsening symptoms for the past few weeks. He is using wrist splints and occasional medications. He tends to wake up at night periodically. There is mild pain with wrist flexion on the left. Phalen's sign is mildly positive on the right. The claimant is reported to have benefitted from acupuncture in the past three years ago.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture one time a week for six weeks:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means a clinically significant improvement in activities of daily living or a

reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had acupuncture; however the provider failed to document the functional gains associated with prior acupuncture three years ago. The provider states that the claimant is having a flare-up subjectively, but there are no differences in examination findings or any type of objective measure of flare-up. Without further documentation, the request for further acupuncture is not medically necessary.