

<b>Case Number:</b>	CM13-0017117		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 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 injured worker is a 42 year old female who reported left wrist pain from injury sustained on 09/28/10 due to cumulative trauma while working as a machine operator. There were no diagnostic imaging reports. The patient is diagnosed with carpal tunnel syndrome. The patient has been treated with medication, cortisone injection, therapy and acupuncture. Per acupuncture progress notes dated 02/26/13, patient reports 100% improvement of left forearm and slight pain near elbow of right forearm. Per medical notes dated 03/15/13, patient is much better post-injection 6 weeks ago; 50% relief with better range of motion; acupuncture very helpful by 50%, medication requirement decreased by 2/3. Per medical notes dated 06/07/13, the patient reports worse pain in left wrist for two weeks, pain is 9/10 with medication. Per medical notes dated 08/09/13, patient has improvement while on medication and now rates the pain at 5/10 and noticed 50% improvement with medication use. Provider requested additional 8 acupuncture treatments for left wrist. The patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 treatments of Acupuncture for the Left Wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome; hand/wrist and forearm, Acupuncture

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". The patient has had prior acupuncture treatment. Per medical notes dated 03/15/13, patient is much better post-injection 6 weeks ago; 50% relief with better range of motion; acupuncture very helpful by 50%, medication requirement decreased by 2/3. Per medical notes dated 06/07/13, patient reports worse pain in left wrist for two weeks, pain is 9/10 with medication. Per medical notes dated 08/09/13, patient has improvement while on medication and now rates the pain at 5/10 and noticed 50% improvement with medication use. Provider requested additional 8 acupuncture treatments for left wrist. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore, official disability guidelines do not recommend acupuncture for carpal tunnel syndrome or hand/wrist pain. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.