

<b>Case Number:</b>	CM13-0018520		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Occupational Medicine and is licensed to practice in Texas. 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 30 year old male whose date of injury is 03/26/2013. The patient reports that he was taking down a stage and removing the stairs when they got stuck and while trying to loosen them, they unclamped and landed on his left hand. MRI of the left wrist dated 06/04/13 revealed tear of the central portion of the left triangular fibrocartilage near the radial attachment; tendinosis of the left extensor carpi ulnaris tendon; increased signal in the median nerve in the left carpal tunnel, which can be seen with a median neuropathy. The patient completed a course of chiropractic treatment as well as at least 11 acupuncture sessions in 2013. Progress report dated 01/13/14 indicates that left wrist range of motion is dorsiflexion 50, palmar extension 50, radial deviation 15 and ulnar deviation 25 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REQUEST FOR ACUPUNCTURE:** 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:** Based on the clinical information provided, the request for acupuncture is not recommended as medically necessary. The patient underwent approximately two months of

acupuncture treatment in 2013. The patient's pain level remained 5/10 from 07/03/13 to 08/28/13. There are no objective measures of improvement provided to establish efficacy of treatment. CA MTUS guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The request is nonspecific and does not indicate the frequency and duration of requested treatment. The request is non certified.