

<b>Case Number:</b>	CM13-0021599		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 and 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 reported bilateral wrist and hand pain from injury sustained on 7/6/2009. Mechanism of injury is unknown. Left wrist imaging revealed faint soft tissue calcification adjacent to scaphoid waist. Right wrist imaging was unremarkable. MRI of the left wrist revealed soft tissue edema along the radial aspect of the wrist. MRI of the right wrist was unremarkable. Patient was diagnosed with bilateral carpal tunnel syndrome, bilateral upper extremity overuse tendinopathy, cervical spine sprain/strain, lumbar spine sprain/strain and right de-quervain tenosynovitis. Patient has been treated with medication, physical therapy and acupuncture. Patient was re-evaluated after 6 visits to determine if care has been beneficial and/or if further treatment is necessary. Per acupuncture progress notes dated 5/22/13, pain in the left was 4-5/10; right 3/10; stiffness in the neck and migraines; right index limited range of motion; grip strength on the right 58, left 55. Per acupuncture progress notes dated 6/27/13, "overall patient feels improvement; decrease in headaches; no neck or bicep involvement; right index finger has increased range of motion; pain on right 2/10, left 3-4/10; grip strength right 60, left 58". Patient reported symptomatic improvement for the first 6 visits but lack of functional improvement. 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. Patient continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2XWK X4WKS RIGHT 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 MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, , 8-9

**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". Patient has had prior acupuncture treatment. Patient had symptomatic improvement with decrease in pain and headaches. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Per review of evidence and guidelines, 2x 4 acupuncture treatments are not medically necessary.