

<b>Case Number:</b>	CM13-0022706		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is licensed in Chiropractor has a subspecialty in Acupuncture and is licensed to practice in California and 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 physician 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 52-year-old female who reported an injury to her bilateral wrists and hands on 08/15/2008. She is noted to have been treated conservatively utilizing wrist splints, has undergone wrist joint injection, and reports intermittent paresthesia of the bilateral forearms and hands. She is also noted to use a TENS unit which was somewhat helpful, attended occupational therapy in May and June 2013, and is making an effort with her home exercise program. A clinical note dated 07/31/2013 reports that the patient has had acupuncture in the past, which was reported to have been helpful. A clinical note signed by [REDACTED] dated 10/07/2010 indicated that the patient completed 12 treatments and notes significant improvement in pain levels and range of motion. On 07/31/2013, the patient is reported to be using Lidoderm patches, gabapentin, Ultram, and Cymbalta, which were somewhat helpful in controlling her symptoms and allowing her to function. The patient is reported to have undergone x-rays in May 2012, which showed degenerative changes. On physical exam, she is noted to have tenderness to palpation over the bilateral wrists and hands, elbow, and forearm regions. The patient is noted to have full range of motion of the elbows, wrists, and hands with pain on range of motion testing, and pain with stress testing. Clinical documentation indicates that the patient complains of weakness about the left shoulder of the bilateral elbows, wrists, and hands. The patient was noted to have a negative Tinel's sign and sensation was grossly intact in the upper extremities. A request was submitted for acupuncture to the bilateral wrists and hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of acupuncture of the bilateral upper Extremities, quantity 6:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines states acupuncture is used as an option when pain medications are reduced or are not tolerated or as an adjunct to physical rehab or surgical intervention to hasten functional recovery. Based on the medical records provided for review the patient is not noted to be currently enrolled in physical rehabilitation and is not noted to have pain medications reduced or to be intolerant to their pain medications. The request for six sessions of acupuncture of the bilateral upper extremities, quantity 6, is not medically necessary and appropriate.