

<b>Case Number:</b>	CM13-0035316		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/15/2003
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Ohio 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 69-year-old male who reported injury on 03/15/2003. The mechanism of injury was not provided. The patient was noted to be receiving acupuncture. The patient's diagnosis was noted to be bilateral carpal tunnel syndrome status post bilateral carpal tunnel release in 2005. The objective findings noted no significant change. The request was made for ongoing acupuncture once a week for another 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for bilateral wrist QTY: 8:** Upheld

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

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

**Decision rationale:** California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The optimum duration is 1 - 2

months. The clinical documentation submitted for review indicated the patient had finished acupuncture 1 month prior to the examination. It was noted to be beneficial and helped decrease numbness, tingling, and pain into the wrists and hands. However, clinical documentation submitted for review failed to provide the number of sessions that were provided to the patient and it failed to provide documentation of functional improvements. Given the above and the lack of documentation, the request for acupuncture for bilateral wrists, quantity 8, is not medically necessary.