

<b>Case Number:</b>	CM13-0038176		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/01/2009
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Family Practice 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 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 56 year old female who reported an injury on 05/01/2009. The patient is currently diagnosed with bilateral carpal tunnel syndrome. The patient was seen by [REDACTED] on 10/24/2013. Physical examination revealed positive Tinel's sign bilaterally, severe redness, excessive sweating in the fingers, and decreased sensation in bilateral median nerve distributions. Treatment recommendations included bilateral acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x week x 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Acupuncture.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Acupuncture

**Decision rationale:** California MTUS guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce

functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Official Disability Guidelines state acupuncture is not recommended for carpal tunnel syndrome. As per the clinical notes submitted, the patient does not appear to meet criteria for acupuncture treatment as there is no evidence of pain medication being reduced or not tolerated. Additionally, acupuncture is not recommended for bilateral carpal tunnel syndrome. Based on the clinical information received, the request is non-certified.

**Bilateral CTS qty 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Acupuncture.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Acupuncture.

**Decision rationale:** This is a request for acupuncture treatment 2 times per week for 4 weeks for bilateral carpal tunnel syndrome. California MTUS guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Official Disability Guidelines state acupuncture is not recommended for carpal tunnel syndrome. As per the clinical notes submitted, the patient does not appear to meet criteria for acupuncture treatment as there is no evidence of pain medication being reduced or not tolerated. Additionally, acupuncture is not recommended for bilateral carpal tunnel syndrome. Based on the clinical information received, the request is non-certified.