

<b>Case Number:</b>	CM13-0043675		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Doctor of Chiropractic, has a subspecialty in 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 is a 47 year old female who reported bilateral wrist and bilateral elbow pain from injury sustained on 07/12/12 while doing her regular and customary duties as a massage therapist. MRI of the right wrist dated 09/12/12 revealed advanced degenerative signal likely with additional complex tearing ulnar aspect of triangular fibrocartilage meniscus consistent with palmar 2 injury and complete tear of the scapholunate with consequential widening of scapholunate distance. EMG/ nerve conduction was positive for compression of ulnar nerve at the elbow. Patient has been diagnosed with triangular fibrocartilage complex tear of the right wrist, status post debridement and Arthroscopy; ulnar nerve compression at elbow. Patient has been treated with medication, extensive physical therapy; right wrist arthroscopy and debridement of triangular fibrocartilage and right elbow tenotomy. There was no record of prior acupuncture treatment per medical records provided for review. Treating physician is recommending 8 acupuncture sessions, according to MTUS guidelines 3-6 acupuncture sessions are sufficient for initial course of care. Per notes dated 09/20/13, patient complained of continues pain her right arm which radiates up to her right shoulder and down to her hand. Per notes date 12/27/13, patient complained of a lot of pain in her right elbow. She had steroid injection in the past which caused her to have throat swelling and bad allergic reaction to steroids. Patient hasn't had any long term symptomatic or functional relief with care. 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:

**EIGHT ACUPUNCTURE VISITS TO THE RIGHT WRIST TWO TIMES A WEEK FOR FOUR WEEKS: Upheld**

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

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

**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 hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) "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 guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.