

<b>Case Number:</b>	CM13-0043832		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine, Acupuncture and is licensed to practice in 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 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 patient is a 36 year old male with a date of injury of 8/23/2013. Review of records indicates a cumulative repetitive mechanism of injury. As per 6/6/2014 progress report ( ) indicated complaints of right greater than left aching diffuse right wrist and hand pain with numbness and tingling along the median distribution; difficulty gripping/grasping activities with weakness; and complaints of triggering about the bilateral ring fingers as well as index and middle finger on the left. Examination revealed mildly diminished range of motion of the right greater than left wrist; tenderness to palpation of the volar aspect; Tinel's and Phalen's right greater than left with diminished grip strength; positive triggering with palmar nodules at A1 pulley bilateral ring finger as well as the left index and middle with discomfort; bilateral elbows tenderness to palpation; lateral epicondyles mild with range of motion 135 to -5 degrees instability; effusion; negative Tinel's or cubital tunnel; and otherwise distal NVI. Diagnoses were bilateral repetitive overuse and flexor tenosynovitis of the wrist; bilateral carpal tunnel syndrome of the right greater than the left; bilateral elbow lateral epicondylitis; and bilateral ring finger and left index and middle trigger digits. Treatment included trial of chiropractic and acupuncture therapy for the bilateral upper extremities. The patient is on modified work duties with no prolonged writing or data entry, no forceful pushing, pulling, repetitive gripping, or grasping. Previous request for acupuncture treatment was denied on 10/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 12 SESSIONS BILATERAL WRIST AND RIGHT ELBOW: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines recommend an initial course of acupuncture therapy. The frequency suggested is one to three times per week for an optimum duration of one to two months. From the treatments, the time frame to produce functional improvement is within three to six treatments. Functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restrictions as measured during the history and physical examination. Acupuncture treatments may be extended if functional improvement is documented as defined above. At this time, acupuncture visits are not indicated. A review of submitted documents noted the patient received a trial of acupuncture visits without any documented functional improvement. The cited guidelines do not warrant continuing with acupuncture care without documented functional improvement. Therefore, the request for acupuncture visits, 12 sessions for the bilateral wrist and right elbow is not medically necessary and appropriate.