

<b>Case Number:</b>	CM13-0051071		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Physical Medicine and Rehabilitation 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:

This 28 year-old male sustained an injury on 2/19/13 while employed by [REDACTED]. Request under consideration include acupuncture 2 times a week times 6 weeks for the left wrist/hand. Report of 7/22/13 from the provider noted patient with complaints of left wrist pain rated as 8/10 radiating to left forearm and down hand and fingers with associated numbness and tingling. Exam of the left wrist/hand noted tenderness to palpation of the carpal bones and wrist joint; range of motion limited by pain; positive carpal Tinel's test; decreased sensation in 1st through 3rd digits. Diagnoses included left wrist/hand crush injury; left wrist/hand fracture; left forearm cramping; stress; and insomnia. Treatment plan include chiropractic care with supervised physiotherapy 2x6; acupuncture 2x6; range of motion and muscle testing; TENS unit; hot/cold pack and wrap; and Exoten-C lotion. The patient remained on same work restrictions with no use of left hand. Conservative care has included at least 8 chiro visits and 8 acupuncture sessions. Request above was non-certified on 9/13/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE 2 TIMES A WEEK TIMES 6 WEEKS FOR THE LEFT WRIST/HAND: 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:** This 28 year-old male sustained an injury on 2/19/13 while employed by [REDACTED]. Request under consideration include acupuncture 2 times a week times 6 weeks for the left wrist/hand. Report of 7/22/13 from the provider noted patient with complaints of left wrist pain rated as 8/10 radiating to left forearm and down hand and fingers with associated numbness and tingling. Exam of the left wrist/hand noted tenderness to palpation of the carpal bones and wrist joint; range of motion limited by pain; positive carpal Tinel's test; decreased sensation in 1st through 3rd digits. Diagnoses included left wrist/hand crush injury; left wrist/hand fracture; left forearm cramping; stress; and insomnia. Treatment plan include chiropractic care with supervised physiotherapy 2x6; acupuncture 2x6; range of motion and muscle testing; TENS unit; hot/cold pack and wrap; and Exoten-C lotion. The patient remained on same work restrictions with no use of left hand. Conservative care has included at least 8 chiro visits and 8 acupuncture sessions. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Record review indicated at least 8 acupuncture sessions has been attended by the patient; however, there was no documented functional benefit derived from the treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. Additionally, there are no evidence based studies demonstrating benefit or efficacy of acupuncture in treatment of the wrist and hand. The acupuncture 2 times a week times 6 weeks for the left wrist/hand is not medically necessary and appropriate.