

<b>Case Number:</b>	CM13-0057623		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/10/1991
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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, has a subspecialty in Pain Medicine 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 60-year-old female with a date of injury in September 1991. The injured worker has bilateral wrist pain. Her condition is permanent and stationary. The progress note on date of service October 28, 2013 indicates that the patient has reported a "flare-up of her bilateral wrists." The physical examination documents tenderness to palpation of the flexor carpi on the terrace region of both wrists. There is some moderate swelling noted. Special testing is negative bilaterally in the upper extremities. The disputed request is for six (6) sessions of acupuncture. According to the requesting provider, the previous acupuncture has "helped her a great deal in the past."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TIMES SIX SESSIONS:** Upheld

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

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

**Decision rationale:** According to the requesting provider, the previous acupuncture has "helped her a great deal in the past." However, further detail regarding the previous acupuncture and the functional benefit of the previous acupuncture is not documented. The Acupuncture Medical

Treatment Guidelines recommend an initial trial of six (6) sessions of acupuncture, and only after documentation of functional benefit, are further sessions warranted. Since there is no documentation in this case, this request is not medically necessary.