

<b>Case Number:</b>	CM13-0060128		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 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 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 43-year-old male with a date of injury of 03/09/2013. According to the progress report dated, the patient was being treated for left wrist pain. The patient experienced increase pain and swelling post MRA (magnetic resonance angiogram). The swelling has resolved but continues to have pain. The patient's level was 6-7 out of 10 and is right hand dominant. Significant objective findings include decrease range of motion in the left wrist. Wrist flexion was 50 degrees, 45 degrees in extension, 10 degrees in radial deviation, and 20 degrees in ulnar deviations. Left wrist MRI (magnetic resonance imaging) dated 10/28/2013 was positive for full thickness TFCC (Triangular fibrocartilage complex) tear. The patient was diagnosed with left wrist comminuted displaced intra-articular fracture distal radius, status post O.R.I.F. (open reduction, internal fixation) distal radius fracture dated 3/14/2013, and left full wrist thickness TFCC tear.

### 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 3 weeks:** Overturned

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. The guidelines recommend a trial of 3-6 visits at a frequency of 1-3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatment may be extended if functional improvement is documented as defined in section 9792.20(f). The UR (utilization review) dated 11/19/2013 denied the provider's request due to the following rationale; acupuncture treatment for a structural lesion such as triangular fibrocartilage complex tear is not medically indicated. The patient has chronic wrist pain. There was no evidence of past acupuncture treatment in the submitted documents. Based on the guideline, a trial of 3-6 visits of acupuncture is warranted at this time; therefore, the provider's request for acupuncture twice a week for 3 weeks is medically necessary at this time.