

<b>Case Number:</b>	CM13-0066626		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 licensed in Chiropractic and 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 injured worker is a 61 year old female who reported left wrist and hand pain from injury sustained on 01/03/12. Patient fell resulting in fracture of the left wrist. Patient was diagnosed with Left wrist sprain/strain; left carpal and radial fracture; closed fracture of carpal bone, unspecified. Patient was treated with surgery (1/3/12); hand therapy, medication and acupuncture. Patient had extensive acupuncture treatment. Per notes dated 11/12/13, "she has been recently doing acupuncture; she feels it has been of benefit; she says her wrist feels looser". Per acupuncture progress notes dated 11/18/13, "patient experiences weakness and pain in left wrist when she over does it; limited range of motion left wrist". Patient reported symptomatic improvement with treatment; however, there is lack functional improvement. Functional improvement means either increase in activities of daily living, changes in work status or decrease in medication intake with treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture car.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Acupuncture 2 x 4 left wrist:** 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 has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.