

<b>Case Number:</b>	CM13-0068597		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/13/2008
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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 48 year old male who reported neck, shoulder, low back and bilateral wrist pain from injury sustained on 5/31/2008. The patient sustained the injury due to repetitive trauma and was involved in a motor vehicle accident. X-rays of the lumbar spine revealed scoliosis, muscle spasm and degenerative disc disease at L5-S1. X-rays of the thoracic spine and cervical spine revealed degenerative changes. MRI of the left shoulder was unremarkable. EMG revealed prolonged median distal motor latency and sensory latency. The patient was diagnosed with left shoulder impingement, lumbago, cervicalgia, right carpal tunnel syndrome, right wrist flexor tenosynovitis, right medial neuropraxia and right distal antebrachial fasciitis. The patient has been treated with medication, physical therapy, nerve block, chiropractic and is a candidate for wrist surgery. Per notes dated 10/17/13, the patient continues to have low back pain of 6/10, left shoulder pain of 6/10 and decreased range of motion. Per notes 11/22/13, the patient presented with continued symptoms in bilateral wrists, right more than left. He complained of bilateral wrist pain that extended into the right shoulder and reported that he dropped objects; he has weakness in bilateral hands. Per notes dated 1/7/14, low back pain is 7/10 radiating down both legs, left shoulder pain is 7/10 and left hip pain is 7/10 with decreased motion. Primary treating physician is requesting 12 acupuncture visits for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A series of 12 acupuncture visits for the right wrist without stimulation: 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 MTUS Acupuncture Guidelines, "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." According to the medical records provided for review, the patient hasn't had prior acupuncture treatments. Per the MTUS Guidelines, 3-6 treatments are considered sufficient for an initial course of acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. The request for 12 acupuncture sessions is not medically necessary and appropriate.