

<b>Case Number:</b>	CM13-0069056		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Minnesota. 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 46-year-old male who reported an injury on 06/28/2013 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to his bilateral wrists and hands. The injured worker's treatment history included physical therapy, medications, immobilization, acupuncture. The injured worker was evaluated on 10/03/2013. It was documented that the injured worker had 6/10 to 7/10 pain, tenderness to palpation at the A1 pulley of the index fingers bilaterally with nonspecific tenderness of the wrists and thumbs. A request was made for bilateral upper extremities electrodiagnostic studies, medications, physical and acupuncture therapy. The injured worker was evaluated on 11/05/2013. The injured worker continued to complain of 6/10 to 7/10 pain of the bilateral wrists and hands, decreased sensation of the bilateral wrists and +2 tenderness to palpation of the A1 pulley of the index fingers bilaterally. The injured worker's diagnoses included right osteoarthritis of the MCP joint, and bilateral subchondral cyst of the carpal tunnels. A request was made for acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 ADDITIONAL SESSIONS OF ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** The requested acupuncture is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has previously participated in acupuncture; however, California Medical Treatment Utilization Schedule recommends continued use of acupuncture be based on documentation of functional improvement, medication reduction, and symptom response. The clinical documentation submitted for review does not provide any information regarding previous acupuncture treatments and their effectiveness. Therefore, continued acupuncture would not be supported. As such, the requested acupuncture is not medically necessary or appropriate.