

<b>Case Number:</b>	CM14-0106089		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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:

Claimant is a 65 year old female who sustained a work related injury on 12/7/2011. Six additional acupuncture sessions were certified on 6/12/2014. Per a progress report (PR)-2 dated 5/27/2014, the claimant has local tenderness in the left wrist and hand. There is positive Tinel and Phalen's test. Her diagnoses are left wrist sprain/strain injury, possible left carpal tunnel syndrome, and possible left wrist ligament tear. Prior treatment includes oral medication, topical medication, and acupuncture. The claimant reports beneficial effect from electro-acupuncture and wishes to continue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6 visits:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The

claimant has had prior acupuncture of unknown quantity with reported subjective improvement. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. In addition, six additional sessions were authorized after the last submitted report. It is unclear whether the claimant has completed these sessions or if there was any functional improvement as a result of these sessions. Therefore, further acupuncture is not medically necessary.