

<b>Case Number:</b>	CM14-0015526		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Chiropractic Medicine 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 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 49-year-old male who reported left hand pain from injury sustained on March 2, 2012. Patient sustained 1st and 2nd degree burns to his left hand while filling a propane tank. Radiograph of the left hand was unremarkable. Patient is diagnosed with De Quervains syndrome and ulnar medial sensory nerve injury. Patient has been treated with medication, physical therapy and acupuncture. Progress notes are handwritten and moderately illegible. Per hand written acupuncture progress notes dated June 3, 2013, "states able to feel more and do more". Per notes dated December 23, 2013, "patient had physical therapy made it worse, acupuncture helping". Per primary treating physician notes dated January 13, 2014, "Acupuncture is helping". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional improvement. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE 2X6 FOR LEFT HAND/WRIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE PRACTICE GUIDELINES, ,

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

**Decision rationale:** According to the Acupuncture Medical treatment 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: three to six treatments. 2) Frequency: one to three times per week. 3) Optimum duration: one to two 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. Additionally, requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. According to the Acupuncture Medical treatment 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. The request for additional acupuncture for left hand/wrist, twice weekly for six weeks, is not medically necessary or appropriate.