

<b>Case Number:</b>	CM14-0016324		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	07/13/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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 56 year old female who reported shoulder and wrist pain from injury sustained on 07/13/10 due to repetitive motion. Electrodiagnostic study of bilateral upper extremity revealed residual moderate right median neuropathy at wrist and mild- to moderate carpal tunnel syndrome. Patient was diagnosed with carpal tunnel syndrome; right thumb trigger finger; chronic pain syndrome and right shoulder pain. Patient was treated with status post right carpal tunnel release and medication. Primary treating physician is requesting initial 6 acupuncture sessions which is within guidelines. Per notes dated 11/20/13, "the patient would like to try acupuncture to help with her pain; we will put in authorization for 6 sessions of acupuncture". Patient was started on tramadol to which she developed vomiting. Per notes dated 1/17/14, patient has pain rated at 8-9/10 without medication and 6-7/10 with medication. Repetitive activity increases her pain; right shoulder range of motion is 70%. Patient hasn't had any long term symptomatic or functional relief with care. Patient continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 ACUPUNCTURE VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines California Medical Treatment Utilizations Schedule, Shoulder Complains, Forearm, Wrist And Hand Complains.

**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. Frequency: 1-3 times per week. Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient hasn't had prior Acupuncture treatment. The request is for initial 6 acupuncture visits which are within guidelines. Patient developed vomiting with tramadol 50mg therefore medication is not tolerated. Per guidelines acupuncture can be used as an option when pain medication is not tolerated. Therefore, the request for 6 Acupuncture visits is medically necessary and appropriate.