

<b>Case Number:</b>	CM14-0121802		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 licensed in Chiropractic and Acupuncture Services 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 37 year old female who reported right wrist pain from injury sustained on 12/17/13 due to repetitive trauma. MRI of the right wrist dated 01/04/10 revealed question of degenerative lesion in the triangular fibrocartilage with no evidence of a complete tear. X-rays of right wrist dated 12/22/09 revealed no significant abnormalities. Patient is diagnosed with stiffness of right wrist and right wrist pain. Patient has been treated with medication, occupation therapy, physical therapy and extensive acupuncture therapy. Per medical notes dated 05/07/14, patient complains of right hand/wrist pain and discomfort. Pain is described as aching, constant, and rated at 5/10. Acupuncture helps relieve pain. Per medical notes dated 07/01/14, patient complains of right wrist pain. Her symptoms are stable and improving from previous visits. She reports today that she had a good response to acupuncture for her wrist pain. The possible ganglion seems less swollen and she just returned from vacation, she is tolerating work full activity. Pain is rated at 3-4/10. Provider requested additional 2X3 acupuncture sessions. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times per week 3 times per week to the right wrist.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section ( Hand, wrist and forearm)>, <Insert Topic ( Acupuncture)>

**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. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 07/01/14, patient reports that she has a good response to acupuncture for her wrist pain. Provider requested additional 2X3 acupuncture sessions for right wrist as she has had 24 visits so far. There is no assessment in the provided medical records of objective functional improvement which directly correlates with acupuncture treatment as patient has had other modalities of care. 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 treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS 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. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention. Furthermore Official Disability Guidelines do not recommend acupuncture for wrist pain. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.