

<b>Case Number:</b>	CM14-0127780		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 63 year old female who reported neck, right shoulder, left hand, left thumb and bilateral wrist pain from injury sustained on 10/13/11 due to cumulative trauma. There were no diagnostic imaging reports. Patient is diagnosed with right shoulder sprain/strain with impingement syndrome; left carpal tunnel syndrome; left de Quervain's tenosynovitis; right wrist tenosynovitis and left thumb sprain/strain. Patient has been treated with medication, therapy and chiropractic. Per medical notes dated 07/03/14, patient presents with increased pain in the left wrist and increased numbness and tingling in the right hand. She continues to have neck pain as well as pain in the left thumb. She reports weakness with gripping and opening jars. She states she drops objects frequently. Per medical notes dated 07/17/14, patient reports intermittent left hand/thumb pain with difficulty in gripping. Examination of the cervical spine revealed tenderness to palpation about the paracervical and trapezius musculature. Muscle spasm was noted. Shoulder examination revealed tenderness to palpation of the anterolateral shoulder and supraspinatus muscle with restricted range of motion. Right wrist and left thumb was also tender to palpation. She had weakness in grip strength. Provider is requesting initial trial of 8 acupuncture treatments for the left thumb. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 on the left thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand, Acupuncture.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ( Hand, wrist and forearm), ( 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 not had prior Acupuncture treatment for her wrist pain. Provider is requesting 8 acupuncture treatments. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Furthermore, official disability guidelines do not recommend acupuncture for hand/wrist and forearm pain. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.