

<b>Case Number:</b>	CM14-0130458		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/01/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Chiropractics, has a subspecialty in 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 patient is 53-year-old male with a date of injury of 05/01/2011. According to the progress report dated 7/8/2014, the patient is status post left carpal tunnel and cubital tunnel release. It was noted that the patient continues to have subjective sensory deficit in the ulnar distribution and continues to have occasional pain. Significant objective findings include full active and passive range of motion at the elbow. There was no intrinsic weakness or atrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions 1 time a week for 6 weeks (left wrist/elbow):** Overturned

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

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

**Decision rationale:** The acupuncture medical treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6-acupuncture visit to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. The provider reported that the patient noted significant improvement with acupuncture, which the patient was getting for a non-industrial ailment. There was no documentation that the patient had received acupuncture care through workers compensation insurance. Therefore, the

provider's request for an initial trial of 6 Acupuncture sessions to the left wrist is medically necessary at this time.