

<b>Case Number:</b>	CM14-0185421		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 licensed 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:

This is a 43 year old female patient with pain complains of bilateral wrists. Diagnoses included bilateral carpal tunnel. Previous treatments included: oral medication, physical therapy, acupuncture (times 9, gains described as temporary relaxation of the arms) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture times 6 was made on 08-12-14 by the primary treating physician (PTP). The requested care was denied on 09-30-14 by the UR reviewer. The reviewer rationale was "prior acupuncture x9 was completed without objective functional response documented".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 acupuncture therapy sessions for the bilateral wrists: Upheld**

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

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

**Decision rationale:** Current guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Although prior acupuncture sessions (times 9)

rendered were reported as beneficial, no clear evidence of any significant, objective functional improvement (medication intake reduction, work restrictions reduction activities of daily living improvement etc.) was documented to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture times 6 is not supported for medical necessity.