

<b>Case Number:</b>	CM14-0020209		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a male, employed by the [REDACTED], who has filed a claim for a repetitive industrial injury causing severe bilateral, forearm, hand and wrist pain, weakness and numbness and tingling. The applicant appears to have bilateral Carpal Tunnel Syndrome. The documented date of injury is 3/1/13. Since this incident, the applicant received conservative treatments consisting of pain and anti-inflammatory medications, electric stimulation, EMG/NCV electrodiagnostic studies, physical therapy and occupational therapy. To date, the applicant is working full duty, although recommend by his treating physicians to modify his work. Before 1/22/14, date of the utilization review determination, the applicant has not had acupuncture therapy, but is currently taking medications and other conservative course of treatments with somewhat limited results. The claims administrator of this report did not find it reasonable for the applicant to receive an initial trial of acupuncture therapy and did not certify such noting "it's not recommended for carpal tunnel syndrome". Important document, a discrepancy in the number of visits exists; six versus eight visits. For the purpose of this report, I will adhere to the claims administrator frequency of six visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TIMES 6 VISITS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** It is evident the applicant with his current course of treatment has had limited results and currently still has a lot of pain and weakness. Considering such, it is reasonable to consider an initial course of acupuncture treatment. Based on MTUS, acupuncture helps to reduce pain and inflammation, increase blood flow and range of motion, and reduce muscle spasms, these six sessions of acupuncture for this applicant is medically necessary.