

<b>Case Number:</b>	CM14-0020755		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	06/03/2001
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Chiropractic and 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 injured worker is a 48 year old female who reported shoulder, bilateral wrist and neck pain from injury sustained on 6/3/01 due to cumulative trauma. MRI of the left hand revealed osteoarthritis at 2nd, 3rd, 4th metacarpophalangeal joint carpometacarpal joint of thumb and tenosynovitis of flexor tendon of 3rd digit. MRI of the cervical spine revealed early disc desiccation throughout the spine and multilevel disc protrusion with annular tear. Patient is diagnosed with cervical spine sprain/ strain; status post left dorsal ganglion wrist excision; bilateral shoulder impingement syndrome; bilateral wrist carpal tunnel syndrome. Patient has been treated with medication, physical therapy, occupational therapy. Per notes dated 08/16/13, patient complains of neck pain 5/10 and bilateral wrist pain of 5/10. Per notes dated 11/8/13 complains of bilateral wrist/ hand pain rated at 6/10. She also complains of neck and bilateral shoulder pain. Primary treating physician is requesting 4 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior visits. Patient hasn't had any long term symptomatic or functional relief with conservative care. Furthermore medical notes do not have any objective assessments or goals which would necessitate acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 1X WEEK X4 WEEKS BILATERAL WRISTS:** Upheld

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

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

**Decision rationale:** Per Acupuncture Medical Treatment 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 hasn't had prior Acupuncture treatment. As stated in the guidelines, acupuncture is an option when pain medication is not tolerated or is reduced which was not documented in the medical records. Additionally, acupuncture can be used as an adjunct to physical rehabilitation; however, the medical records do not indicate a concurrent plan for rehabilitation as the request for physical therapy was denied. Furthermore medical notes do not have any objective assessments or goals which would necessitate acupuncture visits. Per guidelines and review of evidence, 4 Acupuncture visits are not medically necessary.