

<b>Case Number:</b>	CM14-0026219		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 41 year old female whose date of injury is 08/01/2012. The mechanism of injury is described as repetitive motion. The injured worker was previously authorized for an initial trial of six visits of acupuncture. Note dated 04/29/14 indicates the injured worker was recently authorized for twelve acupuncture sessions. Progress evaluation dated 05/27/14 indicates that medications include Norco, Omeprazole, Gabapentin and Lexapro. The record demonstrates acupuncture therapy has significantly improved pain and slightly improved function, subjectively. The injured worker continues to have left wrist and hand numbness with pain. The note reflects status post right carpal tunnel release in February 2003 as well as trigger finger release on 04/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT ACUPUNCTURE FOR THE BILATERAL WRISTS/HANDS, 2 TIMES PER WEEK FOR 6 WEEKS:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for acupuncture for the bilateral wrists/hands two times per week for six weeks is not recommended as medically necessary. The submitted records indicate that the injured worker has been authorized for at least 12 acupuncture sessions to date. California Medical Treatment Utilization Schedule Guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker's compliance with an active home exercise program is not documented. There are no objective measures of improvement documented as a result of prior acupuncture thus, the request is not medically necessary.