

<b>Case Number:</b>	CM14-0035887		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 49 year old male who reported left hand/ wrist pain from injury sustained on 03/02/12. In the course of filling a propane tank, propane got on his hand resulting in 1st and 2nd degree burn. X-rays of the left wrist were unremarkable. Patient is diagnosed with radial styloid tenosynovitis, injury to the median nerve, reflex sympathetic dystrophy of the upper limb. Patient has been treated with extensive medication, acupuncture, occupational therapy and physical therapy. Patient was seen for a total of 34 acupuncture visits. Per notes dated 12/23/13, patient had physical therapy which made it worse, acupuncture is helping. Per notes dated 01/23/14, patient complains of persistent left forearm pain that radiates to the medial aspect of forearm to the wrist and the base of the left thumb with hypersensitivity. He has intermittent swelling and numbness. He also has symptoms of burning type of pain as well as head and red discoloration off the arm. Primary treating physician is requesting additional 6 acupuncture visits. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care as he continues to be symptomatic. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake, which were not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for Left hand/wrist 1x6:** Upheld

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

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

**Decision rationale:** Per MTUS Acupuncture Medical treatment Guidelines, 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 has had prior acupuncture treatment. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake, none of which were documented. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.