

<b>Case Number:</b>	CM14-0036837		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/09/2008
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas. 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 56 year old female who reported an injury to her right upper extremity on 6/9/08. A clinical note dated 2/17/14 indicated that the injured worker rated her right hand pain as 3-9/10. The injured worker stated that the use of medications she was able to complete her activities of daily living. The injured worker also reported severe flare-ups of pain that confined her to bed. The injured worker utilized Norco on an as needed basis, as well as gabapentin, ibuprofen, Zanaflex, Lidoderm patches and Effexor. The injured worker was also prescribed Pennsaid and recommended to continue with acupuncture treatments. The injured worker was also recommended for an x-ray for diagnostic evaluation. The injured worker stated the initial injury occurred on 6/9/08 when she was shoveling bark from a truck to a dumpster and she lost her balance, resulting in a slip and fall within the dumpster itself. The injured worker stated she caught herself with the right hand and hung with her full weight on her right arm. Upon exam the injured worker demonstrated 60 degrees of right wrist flexion and extension, 20 degrees of radial deviation, and 30 degrees of ulnar deviation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Right Arm Two Times A Week For Four Weeks:** Upheld

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

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

**Decision rationale:** The clinical documentation indicates the injured worker complaining of right hand pain. The injured worker previously underwent conservative treatment addressing right arm complaints. However, no objective data was submitted regarding positive response including objective functional improvement. Without this information in place it is unclear if the injured worker would benefit from additional therapeutic interventions including acupuncture at this time. Therefore, this request is not medically necessary.

**X-Ray Right Hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**Decision rationale:** X-ray of the hand is indicated provided that the injured worker meets specific criteria, including significant osseous issues identified by clinical evaluation. The injured worker demonstrated range of motion deficits. However it is unclear if this is a result of an osseous issue. No clinical evaluation findings were indicated in the clinical notes regarding any osseous deformities. Therefore, this request is not indicated as medically necessary.