

<b>Case Number:</b>	CM14-0041828		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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, 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:

This is a 39 y/o female patient with pain complains of bilateral wrists. Diagnoses included right wrist sprain, cubital tunnel syndrome, carpal tunnel syndrome. Previous treatments included: oral medication, physical therapy, self care, Acupuncture 8 Sessions (prior care reported to have been "very beneficial with pain, work functions and daily activities") and work modifications amongst others. As the patient continued symptomatic, a request for additional Acupuncture 4 Sessions was made by the Primary Treating Physician. The requested care was denied on 4-1-14 by the UR reviewer. The reviewer rationale was "The patient reports subjective improvement but there is no documentation of objective benefits or functional improvement with acupuncture that is sustainable. The medical necessity of this treatment has not been clearly demonstrated."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Accupuncture additional 4 times to bilateral wrists:** Upheld

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

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

**Decision rationale:** The guidelines read extension of Acupuncture care could be supported for medical necessity "If functional improvement is documented as either a clinically significant

improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment."Although eight prior acupuncture sessions rendered were reported as beneficial, no clear evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional 4 Acupuncture sessions are not supported for medical necessity.