

<b>Case Number:</b>	CM14-0046078		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 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:

The injured worker is a 27 year old female who reported left wrist pain from injury sustained on 07/15/11. Patient states that she was marking merchandise when she attempted to lift a box weighing 15 lbs; she experienced acute onset of pain in her left wrist. Patient is diagnosed with left wrist pain with dorsal ganglion cyst. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 12/19/13, patient complains of left wrist pain. Pain is described as throbbing and frequent. Pain is rated at 7/10 and radiates to her arm and fingers. Movement makes the pain worse. Medication helps with the pain. Patient states overall there has been no improvement; she has undergone physical therapy and acupuncture since last visits. Provider is requesting additional acupuncture 1X6. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 Times A Week Times 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (hand, wrist and forearm), (Acupuncture).

**Decision rationale:** Per MTUS- 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 has had prior acupuncture treatment. Per medical notes dated 12/19/13, overall there has been no improvement since the last visits; she had undergone physical therapy and acupuncture since. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. 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. Furthermore official disability guidelines do not recommend acupuncture for hand, wrist and forearm. Per review of evidence and guidelines, 1X6 acupuncture treatments are not medically necessary.