

<b>Case Number:</b>	CM14-0047673		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Chiropractic Care 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 47 year old female who reported neck and bilateral wrist pain from an injury sustained on 04/13/11 due to cumulative trauma. MRI of the cervical spine revealed degenerative disc disease. MRI of the right wrist revealed mild amount of fluid within the ulnocarpal and radioulnar joint. Electromyography (EMG)/nerve conduction velocity (NCV) revealed mild bilateral median sensory neuropathy and right median motor neuropathy. Patient is diagnosed with bilateral carpal tunnel syndrome; left dorsal ganglion cyst; bilateral cubital tunnel syndrome and cervical spine degenerative disc disease. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 03/12/14, patient complains of neck pain rated at 8/10. She also complains of pain in bilateral hands/ wrists rated at 6/10 with numbness and tingling. Examination revealed painful range of motion. Acupuncture scheduling is pending for a different location as current acupuncturist increased patient's pain. Acupuncture progress notes were not included for review with medical records. 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 2x wk x 4 wks, Cervical Spine and Bilateral wrists: Upheld**

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

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

**Decision rationale:** 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 is 3-6 treatments. Frequency is 1-3 times per week. The optimum duration is 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. documentation revealed that the patient had increased pain after treatment with the current acupuncturist and is scheduling at a different location. There is lack of evidence that prior acupuncture care was of any functional benefit. The number of visits administered is unknown. 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. Per review of evidence and guidelines, the request is not medically necessary.