

<b>Case Number:</b>	CM14-0055630		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 60 year old female who reported right hand and wrist pain from a cumulative trauma injury that was sustained on 01/28/13. Radiographs of bilateral wrists revealed prominent arthritic changes at the distal interphalangeal joint of the 4th finger. Electrodiagnostic studies revealed left carpal tunnel syndrome and left Cubital Tunnel Syndrome. Patient is diagnosed with left carpal tunnel syndrome; left Guyon's Compression Syndrome; left cubital tunnel tendinitis of the left extensor ulnaris and left extensor myositis. The patient has been treated with carpal tunnel release, occupation therapy, physical therapy, injection and acupuncture. Per medical notes dated 02/06/14, patient had complaints of severe left hand pain rated at 7/10. Pain is intermittent and radiating proximally to her fingers and left index finger. Per medical notes dated 03/05/14, patient has 30% improvement in the left hand. She continues to have numbness and tingling in bilateral hands. Per acupuncture progress notes dated 04/22/14, the patient's condition has improved but slower than expected. She has tenderness upon palpation and decreased range of motion and pain is rated 6/10. 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:

**12 Sessions of Acupuncture 2 x week for 6 weeks to the Right Wrist/Hand: 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 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. The 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. The patient has had prior acupuncture treatment as per acupuncture progress notes dated 04/22/14, patient's condition is improved but slower than expected; pain is rated at 6/10 with decreased range of motion and tenderness. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with the 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. Per review of evidence and guidelines, the request for 12 sessions of acupuncture treatments is not medically necessary.