

<b>Case Number:</b>	CM14-0073171		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/28/2003
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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 43-year-old female who reported an injury on 07/28/2013. The mechanism of injury was from repetitive motion. The diagnoses included bilateral carpal tunnel syndrome and bilateral epicondylitis. The previous treatments included medication and acupuncture. Within the clinical note dated 04/24/2014, it was reported the injured worker complained of occasional pain and twinges. Upon examination of the extremities, the provider noted the injured worker had a positive Tinel's and Phalen's test. The provider indicated the injured worker had good range of motion of the extremities. The provider requested an additional 18 sessions of acupuncture. However, rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 04/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture 18 sessions, bilateral wrists/hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Disability Duration Guidelines: Carpal Tunnel Syndrome (updated 02/20/14) Acupuncture.

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

**Decision rationale:** The request for acupuncture 18 sessions, bilateral wrists/hands is not medically necessary. The guidelines note acupuncture is used an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication induced nausea, promote relaxation in anxious patients and reduce muscle spasms. The time to produce effect includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Acupuncture treatments may be expanded if functional improvement is documented. The request for additional acupuncture sessions exceeds the guidelines' recommendation of treatment frequency. Additionally, the guidelines note an optimum duration to include 1 to 2 months. The injured worker's most recent note was in 04/2014 which exceeds the guidelines recommendations. Therefore, the request is not medically necessary.