

<b>Case Number:</b>	CM14-0082550		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/28/2009
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 a licensed Acupuncturist 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 was injured on July 28, 2009, while performing regular work duties. The injured worker is right-hand dominant, and sustained cumulative trauma injury to the neck, bilateral hands and wrists. The records indicate the injured worker has had treatment with medications, cognitive behavioral therapy, physical therapy, epidural injections, and right wrist surgery. A report from an acupuncture provider indicates the injured worker has completed six sessions of acupuncture with functional improvement being demonstrated, as of May 6, 2014. The request for authorization is for continuation of electro acupuncture 2 x 6 weeks, for carpal tunnel syndrome. The primary diagnoses are displacement of intervertebral disc, and carpal tunnel syndrome. On May 12, 2014, Utilization Review provided a modified certification of continuation of electro acupuncture 2 x 3 weeks, for carpal tunnel syndrome due to ACOEM guidelines not recommending more than 8-12 sessions in total.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuation of electro acupuncture 2x6 weeks, for carpal tunnel syndrome:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 241, 265, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The MTUS note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that 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." The patient underwent acupuncture in the past with objective improvements documented (function-ADLs improvement, medication reduction, etc). Consequently, additional acupuncture could be supported for medical necessity. The request is for acupuncture x 12, care that is exceeding the guidelines without any extraordinary circumstances documented. Therefore, and based on the previously mentioned, the additional acupuncture x 12 is not supported by the MTUS (guidelines) for medical necessity. Therefore the request is not medically necessary.