

<b>Case Number:</b>	CM13-0011082		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	11/11/2005
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 55 year old female, who sustained an industrial injury on 11/11/05. She has reported pain in bilateral wrists and elbows. The diagnoses have included bilateral carpal tunnel syndrome and epicondylitis. Treatment to date has included acupuncture x 6 sessions, x-rays and oral medications. As of the PR2 dated 5/2/13, the injured worker reports pain in the wrists and elbows. The treating physician requested acupuncture x 3 sessions to the bilateral wrists. On 8/5/13 Utilization Review non-certified a request for retro acupuncture x 3 sessions to the bilateral wrists. The utilization review physician cited the MTUS guidelines for acupuncture. On 8/12/13, the injured worker submitted an application for IMR for review of retro acupuncture x 3 sessions to the bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 RETROSPECTIVE ACUPUNCTURE VISITS TO BILATERAL WRISTS (3/15/2013 - 4/10/2013): Upheld**

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

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

**Decision rationale:** According to MTUS guidelines, acupuncture is considered in knee, back, ankle, and upper extremities complaints. "Acupuncture is used as 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)." Although acupuncture could be used to treat the patient pain condition, however, 3 retrospective acupuncture visits to bilateral wrists cannot be approved without documentation of its efficacy during the first 3 to 4 sessions.