

<b>Case Number:</b>	CM14-0181876		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. 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: California

Certification(s)/Specialty: Chiropractor, Oriental 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 53 year old male, who sustained an industrial injury on 11/15/2012. He has reported subsequent shoulder and wrist pain and was diagnosed with rotator cuff syndrome and bursitis and carpal tunnel syndrome. Treatment to date has included oral and topical pain medication and physical therapy. In a progress note dated 09/23/2014, the injured worker complained of right wrist pain. A request for authorization of additional acupuncture treatments for the right hand/wrist was made to maximize functional recovery and reduce opiate use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Acupuncture 2x/week for 6 weeks for the right hand/wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com;Section: Forearm, Wrist & Hand.

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

**Decision rationale:** The acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. However, the provider's request for 12 acupuncture session to the right hand and wrist exceeds the guidelines recommendation for an initial trial and therefore it is not medically necessary at this time.