

<b>Case Number:</b>	CM14-0208773		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 60 year old female who reported right wrist/hand pain from injury sustained on 03/31/11. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with carpal tunnel syndrome, status post carpal tunnel syndrome, right shoulder sprain, right shoulder impingement syndrome, right shoulder with bicipital tendinitis. Patient has been treated with medication, physical therapy, status post endoscopic carpal tunnel release of right wrist, and acupuncture. Per medical notes dated 11/05/14, patient is following up for flare-up in arm and wrist pain X2 weeks. Pain is 8/10 in right arm/biceps area, morning is a 3/10. Pain is worse with working and cooking. She has tried acupuncture in the past with benefit; she had 6 sessions with 50% reduction in pain. Examination revealed healed endoscopic incision with full range of motion of the wrist and shoulder. She has decreased sensation of pinky finger along ulnar distribution and tender first dorsal compartment. Provider requested additional 6 sessions of acupuncture which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for right wrist/hand only x 6 visits:** Upheld

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

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

**Decision rationale:** Per MTUS- Section Acupuncture Medical treatment Guidelines page 8-9. "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". "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". Patient has had prior acupuncture treatment. Per medical notes dated 11/05/14, she tried acupuncture in the past with benefit; she had 6 sessions with 50% reduction in pain. Provider requested additional 6 sessions of acupuncture which were non-certified by the utilization review. 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. 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, 6 acupuncture treatments are not medically necessary.