

<b>Case Number:</b>	CM15-0107179		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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 59 year old female who sustained an industrial injury on 8/4/10. The mechanism of injury was unclear. She currently complains of bilateral wrist/ hand pain. On physical exam there was decreased range of motion, tenderness and swelling of right and left wrists; right and left hands had swelling and decreased strength. Finklestein's test was positive on the right; Tinel's and Durkin's is positive on the left. Medications are Naprosyn. Diagnoses include bilateral carpal tunnel syndrome; left volar wrist ganglion; tendinitis of the right hand. Treatments to date include medications; occupational therapy; hand splints. Diagnostics include nerve conduction study (2011); electromyography/ nerve conduction studies (5/6/15) of bilateral upper extremities and cervical paraspinal muscles which was normal. On 5/27/15 Utilization Review evaluated the request for acupuncture twice per week for four weeks to bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 for bilateral wrists:** Upheld

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

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

**Decision rationale:** The patient complains of bilateral wrist and hand pain. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the medical records, it appears that the patient has not received acupuncture in the past. Therefore, a trial may be warranted at this time. However, the provider's request for 8 acupuncture session for the bilateral wrist exceeds the evidence based guideline for an initial trial. The provider's request is inconsistent with the guidelines and therefore is not medically necessary at this time.