

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0133231 |                              |            |
| <b>Date Assigned:</b> | 07/21/2015   | <b>Date of Injury:</b>       | 05/29/2013 |
| <b>Decision Date:</b> | 08/25/2015   | <b>UR Denial Date:</b>       | 06/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/09/2015 |

### 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 54 year old female who sustained a work related injury May 29, 2013. Past history included hypertension, diabetes, dyspepsia, and a left endoscopic carpal tunnel release in February 2015. According to a primary treating physician's progress report, dated May 27, 2015, the injured worker presented for follow-up evaluation. She continues to have left hand pain as well as numbness and tingling. She is undergoing acupuncture, which is helpful in reducing her pain and improving her mobility. She is using the right hand more and finding pain is worsening. She reports her pain medication allows her to function. Examination of the cervical spine revealed paravertebral are tender with spasm, range of motion restricted, and grip strength is reduced bilaterally. Sensation is reduced in the bilateral median nerve distribution. Shoulder examination reveals a positive impingement sign bilaterally, anterior shoulders are tender to palpation and range of motion is decreased by 20% bilaterally. Bilateral elbow and medial elbows are tender to palpation. The left wrist surgical scar is consistent with carpal tunnel release. The left hand is inflamed, Tinel's and Phalen's are positive bilaterally, and grip strength is reduced bilaterally. The range of motion of the hands and wrists are within functional limits. Diagnoses are shoulder impingement; brachial neuritis or radiculitis not otherwise specified; carpal tunnel syndrome; lateral and medial epicondylitis; ulnar nerve lesion; anxiety disorder, not otherwise specified. At issue, is the request for authorization for additional acupuncture therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture Therapy 3 times a week for 4 weeks QTY: 12:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient has had acupuncture in the past. However, there was no objective quantifiable documentation regarding functional improvement from previous acupuncture visits. Therefore, the provider's request for 12 additional acupuncture sessions is not medically necessary or appropriate at this time.