

<b>Case Number:</b>	CM15-0141547		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	03/07/2015
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 55 year old female, who sustained an industrial injury on March 7, 2015. She reported right hand pain and swelling in her fingers. The injured worker was diagnosed as having sprain-strain interphalangeal. Treatment to date has included x-rays, toxicology screen, finger splint and medication. Currently, the injured worker complains of pain and swelling in her right and small finger as well as head, right elbow, right shoulder, low back and right heel pain. The injured worker is diagnosed with probable subluxation and reduction of the PIP joints of the right and small fingers and rule out causalgia. Her work status is temporary total disability. Acupuncture once a week for 12 weeks for the right hand, right wrist and right elbow is requested to decrease pain and improve range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture once a week for 12 weeks for the right hand, right wrist and right elbow:**  
 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 Guidelines recommend acupuncture for pain. It recommends 3-6 visits over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the submitted records, the patient is a candidate for an initial trial of acupuncture for which the guidelines recommend 3-6 visits. However, the provider's request for 12-acupuncture session exceeds the guidelines for an initial trial. Therefore, the provider's request is not medically necessary. Six acupuncture sessions would be reasonable to produce functional improvement.