

<b>Case Number:</b>	CM15-0146004		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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:

This 47 year old woman sustained an industrial injury on 4-26-2010 due to repeated trauma. Evaluations include electromyogram and nerve conduction studies of the bilateral upper extremities dated 3-11-2014. Diagnoses include right thumb carpometacarpal osteoarthritis, bilateral lateral epicondylitis, bilateral median nerve entrapment at the wrists, and De Quervain's tenosynovitis. Treatment has included oral medications, cortisone injections, physical therapy, acupuncture, surgical intervention, and splinting. Physician notes on a PR-2 dated 7-1-2015 show complaints of bilateral wrist, forearm, and elbow pain. Recommendations include continue acupuncture, follow up with pain specialist, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture two times a week for four week for the right hand and right wrist:**

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 state that acupuncture may be extended with documentation of functional improvement. Records indicated that the patient completed 6 acupuncture treatments with reduced pain and slight improvement in the range of motion of the wrist. There was no documentation of functional improvement from prior acupuncture treatments. Based on the lack of functional improvement, additional acupuncture for the right hand and wrist is not medically necessary and appropriate at this time.