

<b>Case Number:</b>	CM15-0160457		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Montana

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 42 year old female, who sustained an industrial injury on 7-17-13. She has reported initial complaints of injury to the upper extremities at work from repetitive work. The diagnoses have included lateral epicondylitis, sprain of neck, radial styloid tenosynovitis, sprain of wrist, pain in limb and rule out carpal tunnel syndrome of the upper extremities. Treatment to date has included medications, chiropractic, physical therapy, acupuncture, activity modifications, surgery, work modifications, diagnostics, bracing, and other modalities. Currently, as per the physician progress note dated 7-21-15, the injured worker complains of pain, numbness and tingling in palms, wrists and forearms and numbness involving the fingers of both hands. She rates the pain 8 out of 10 on pain scale. She notes stiffness, weakness, swelling, locking and giving way of wrists and hands. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right upper extremity, Magnetic Resonance Imaging (MRI) of the left upper extremity, Magnetic Resonance Imaging (MRI) of the cervical spine, electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral upper extremities, left wrist x-ray, right elbow x-ray and x-ray of the cervical spine. The current medication included Naprosyn and Voltaren gel. The objective findings-physical exam of the bilateral upper extremities positive Phalen's, Tinel's and Durkan's bilaterally. The physician notes that she is complaining of paresthesia and forearm pain. The physician requested treatment included Outpatient additional acupuncture therapy to the bilateral hands and forearms two (2) times per week for three (3) weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional acupuncture therapy to the bilateral hands and forearms two (2) times per week for three (3) weeks: Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 2X3 acupuncture sessions for bilateral hands and forearm 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, 2x3 acupuncture treatments are not medically necessary.