

<b>Case Number:</b>	CM15-0160826		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/15/2015
<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

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 33 year old female who sustained an industrial injury on 6-25-2013. She has reported numbness and tingling in the wrists and has been diagnosed with bilateral carpal tunnel syndrome. Treatment has included acupuncture. There was a positive Tinel's sign and a positive Phalen's sign of both wrists. There was slightly decreased sensation in the tips of both ring fingers. Jamar Dynamometer grip strength measured right 20-25-25 and left 15-20-20. The treatment plan included additional acupuncture visits. The treatment request included additional acupuncture 2 x a week x 3 weeks for the bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture for the bilateral wrists, twice a week for three weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The 7/15/15 UR determination denied additional Acupuncture to the patient's bilateral wrists citing CAMTUS Acupuncture Treatment Guidelines. The reviewed

medical records reflect the completion of 18 prior Acupuncture visits with a report of benefit that lacked any clinical evidence of functional improvement or evidence of pain scale improvement. The medical necessity for continued Acupuncture application to the patient's bilateral wrists was not supported by the report/s reviewed or the referenced CAMTUS Acupuncture Treatment Guidelines. Therefore this request is not medically necessary.