

<b>Case Number:</b>	CM15-0183871		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/01/2000
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 51-year-old female who sustained an industrial injury on 6-1-2000. The diagnoses are carpal tunnel syndrome and cubital tunnel syndrome per a request for authorization dated 8-14-15. Previous treatment includes physical therapy, medication, acupuncture, surgery, alpha stim and wrist braces. In an initial comprehensive pain management report dated 7-1-15, the physician reports the combination of acupuncture; cognitive behavioral therapy and medications provide a reported 60% reduction in pain. It is noted she has been sleeping better, is not as achy when waking in the morning and does not have as much pulling at the elbows. Medications are Celebrex and Cymbalta. She is not on opioid medication. In an acupuncture follow-up rehabilitation report dated 8-13-15, the provider notes chronic bilateral upper extremity pain and carpal tunnel syndrome and that she reports decreased pain for 2-3 days after last weeks treatment. At this visit, she reports pain throughout her bilateral upper extremities especially into her hands and wrists. She is status post 2 carpal tunnel releases on the right in 2003 and 2005, carpal tunnel release on the left in 2006, and ulnar release surgery in 2005 and 2006. It is reported that the injured worker would like to continue acupuncture treatment since it enables her to perform her activities of daily living for longer periods of time with decreased pain spikes. Her grip is noted to be 4 out of 5 on the right and there is limited range of motion of the left wrist. Work status is the patient remained off work. The requested treatment of six acupuncture sessions was non-certified on 8-19-15.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Six acupuncture sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Current clinical exam show no specific physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what specific functional benefit if any were derived from treatment as the patient remained off work. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Six acupuncture sessions is not medically necessary and appropriate.