

<b>Case Number:</b>	CM15-0184828		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/27/2015
<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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 46 year old female, who sustained an industrial injury on 1-25-10. The injured worker was diagnosed as having cervicobrachial syndrome, chronic pain syndrome, lateral epicondylitis, DeQuervains tenosynovitis, and cervicgia. Treatment to date has included an unknown number of acupuncture sessions and medication including Terocin patches. Physical examination findings on 8-13-15 included swelling over the proximal interphalangeal joint of the thumb, index finger, middle finger, and ring finger. Painful range of motion and tenderness to palpation was noted over the proximal interphalangeal joint of the thumb, index finger, middle finger, and little finger. On 3-30-15 the treating physician noted "acupuncture helped to relieve pain for 4 hours after the therapy." On 8-13-15, the injured worker complained of pain in the neck and bilateral wrists rated as 6 of 10. On 8-13-15 the treating physician requested authorization for hand therapy 1x8 for bilateral forearms and 6 acupuncture sessions for bilateral forearms and cervical spine. On 8-27-15 the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy once a week for 8 weeks for the bilateral forearm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The guidelines allow for 8-10 sessions for most musculoskeletal conditions in a weaning frequency with additional therapy to be completed at home. In this case, the claimant had undergone at least 8 sessions or more in the past. Prior progress notes indicated minimal relief with therapy. There is no indication that exercise cannot be completed at home. The request for 8 additional therapy sessions is not medically necessary.

**6 acupuncture sessions for the bilateral forearm:** Upheld

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

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

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant completed at least 6 sessions in the past. The benefit was short term although the treatments may require 1-2 months; the claimant did receive this about 6 months prior. The request for additional acupuncture for the forearm is an option but not medically necessary.

**6 acupuncture sessions for the cervical spine:** Upheld

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

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

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant completed at least 6 sessions in the past. The benefit was short term although the treatments may require 1-2 months, the claimant did receive this about 6 months prior. The request for additional acupuncture for the cervical spine is an option but not medically necessary.