

<b>Case Number:</b>	CM15-0199549		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 61 year old male who sustained an industrial injury on 4-17-13. A review of the medical records indicates that the worker is undergoing treatment for chronic left wrist and base of thumb pain, "likely osteoarthritis of the MC joint", right shoulder pain, status post surgical repair (2008), and left wrist ganglion cyst removal (7-23-13). Subjective complaints (9-15-15) include left hand and right shoulder pain and (8-18-15) includes numbness and shooting pain into the thumb and wrist of the left hand. Current medication is over the counter Ibuprofen. Objective findings (9-15-15) include tenderness over the right wrist at the base of the thumb, decreased right shoulder range of motion in external and internal rotation. Work status is that he is not currently working, he is retired. Previous treatment includes physical therapy and home exercise. The requested treatment is MRI of the right shoulder and a trial of acupuncture 6 sessions. The requested treatment of 6 sessions of acupuncture treatment for the left hand was non-certified on 9-30-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of acupuncture treatment for left hand:** Overturned

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

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

**Decision rationale:** The utilization review document of September 30, 2015 denied the treatment request for six acupuncture treatments to the patient's left hand between 9/28/2015 and 11/12/2015 citing CA MTUS acupuncture treatment guidelines. The reviewed medical records identify the patient with chronic left wrist, thumb and right shoulder pain with a prior medical history of surgical repair of the right shoulder completed in 2008 and excision of the left wrist ganglion 7/23/ 2013. A prior UR review (Maximus) denied the prior treatment request for acupuncture eight visits without recommendation for an initial trial of six sessions. The current utilization review denial also denied the request for acupuncture, six sessions stating that acupuncture was an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The review went on to state that with evidence of an adequate relief or intolerance to pain medication acupuncture was a reasonable request. The reviewed medical records do support an initial trial of acupuncture, six sessions based on a review of the medical records with the request being in compliance with CA MTUS acupuncture treatment guidelines. The patient's postoperative status and failure to respond to conservative medical measures would support initiation of a trial of care as requested contrary to the prior utilization review denial of September 30, 2015.