

<b>Case Number:</b>	CM15-0200361		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 49 year old female, who sustained an industrial injury on 1-22-10. The injured worker was diagnosed as having right carpal tunnel syndrome and status post left trigger thumb release. Treatment to date has included a right wrist injection, use of a wrist splint, and at least 10 physical therapy sessions. Physical examination findings on 9-1-15 included a positive Tinel's sign on the right and negative Phalen's test. Right wrist range of motion and localized tenderness was noted to be reduced. Manual motor strength was noted to be 5 of 5 and bilateral grip strength was noted to be 4 of 5. On 9-1-15, the injured worker complained of right wrist pain rated as 2-3 of 10. Numbness in the right index and middle finger was also noted. The treating physician requested authorization for acupuncture for the right wrist and hand 2x6. On 9-14-15, the utilization review physician modified the request to certify 6 acupuncture sessions for the right wrist and hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to the right wrist and hand 2x6:** Upheld

**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 14, 2015 denied the treatment request for 12 acupuncture visits to the patient's right wrist citing CA MT US acupuncture treatment guidelines that recommend an initial trial of acupuncture, six visits. The utilization review document reflected a modification of the treatment request for 12 acupuncture visits to the right wrist modified to reflect the primary treating physician's request for acupuncture, six sessions to the cervical spine for which certification was recommended. The reviewed medical records do support an initial trial of acupuncture, six visits to the cervical spine with clinical support for denial of the 12 requested visits to the right wrist following a peer discussion with the utilization review physician. The medical necessity for 12 visits to the right wrist is not supported by reviewed records or consistent with utilization review guidelines.