

<b>Case Number:</b>	CM15-0202883		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: 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 65 year old female who sustained an industrial injury on 08-09-2013. According to the most recent progress report submitted for review and dated 09-01-2015, the injured worker continued to report chronic neck pain and right wrist pain. She reported adequate pain relief on her current medication regimen. She reported an increased amount of pain to her right wrist and was inquiring about cortisone injections or possibly acupuncture. Guarding, spasm and tenderness was noted in the paravertebral musculature of the cervical spine with a painful decreased range of motion on flexion, extension and lateral rotation. Spurling's test was positive bilaterally. Dysesthesia was noted in the C5, C6, and C7 dermatomal distributions bilaterally. Biceps, triceps and brachioradialis tendon reflexes were diminished bilaterally. Deltoid muscle strength was graded 4 out of 5 bilaterally. The right wrist showed decreased grip strength. There was pain to the distal radius on the right. There was mild edema noted in the MCP joints of the right hand. Diagnoses included cervical sprain and strain, cervical radiculopathy, shoulder tendinitis and bursitis and wrist tendinitis and bursitis. Treatment recommendations included acupuncture to the right wrist. Medications were refilled. Follow up was indicated in 4 weeks. On 09-29-2015, Utilization Review non-certified the request for acupuncture for the right wrist 3 times a week for 4 weeks quantity: 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the right wrist 3 times a week for 4 weeks, quantity: 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Acupuncture Treatment 2007.

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.