

<b>Case Number:</b>	CM15-0203047		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/22/2015
<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: 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 52-year-old female, with a reported date of injury of 01-28-2006. The diagnoses include bilateral shoulder internal derangement, bilateral elbow cubital tunnel syndrome, bilateral carpal tunnel syndrome, and left wrist surgery. The progress report dated 05-27-2015 indicates that the injured worker had constant bilateral wrist pain, and holding and grabbing objects aggravates her pain. The objective findings included bilateral wrist braces, tenderness of the bilateral wrists, painful range of motion of the right wrist, and intact sensation to light touch of the right dorsal, right index tip, and right small tip. The injured worker has been instructed to remain of work for 6 weeks. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 04-22-2014 which showed evidence of mild bilateral carpal tunnel syndrome; an ultrasound of the bilateral right upper extremities on 06-25-2015 with normal findings; and an MRI of the bilateral wrists on 06-25-2015 with unremarkable findings. Treatments and evaluation to date have included physical therapy and Nortriptyline. The treating physician requested acupuncture two times a week for six weeks. On 09-22-2015, Utilization Review (UR) non-certified the request for acupuncture two times a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6:** Upheld

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

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

**Decision rationale:** The Acupuncture Treatment guidelines state that acupuncture may be extended with documentation of functional improvement. The patient complained of constant bilateral wrist pain. The patient has had acupuncture in the past. However, there was no objective documentation regarding functional improvement from prior acupuncture sessions. Therefore, the provider's request for 12 acupuncture session is not medically necessary at this time.