

<b>Case Number:</b>	CM15-0023859		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 37 year old male who sustained an industrial injury to his right wrist while employed in a warehouse on August 5, 2013. Initial wrist X-rays were negative for fracture or dislocation. On October 28, 2013 a right wrist magnetic resonance imaging (MRI) was performed demonstrating a localized extensor carpi tendinopathy at the distal ulnar nerve and a possible triangular fibrocartilage tear. Bilateral upper Electromyography (EMG) on April 4, 2014 demonstrated no evidence of ulnar compression neuropathy, carpal tunnel syndrome or peripheral neuropathy. The injured worker was diagnosed with right hand arthropathy and chronic pain. According to the primary treating physician's progress report on December 8, 2014, the injured worker continued to experience right wrist swelling, positive Tinel's sign, and tenderness over the ulnar and anatomical snuffbox and decreased grip with hyperesthesia over the medial and lateral hand. The pain in the right wrist radiates to the right elbow and forearm with associated numbness, tingling and stiffness. According to a later report on January 15, 2015 the injured worker's sleep and stress symptoms improved with acupuncture therapy however his pain had increased with the colder weather. Examination of the right wrist at this time remained unchanged. Current medications consist of Methoderm Gel, Naproxen, Fenoprofen and Pantoprazole. Treatment modalities consist of right wrist brace, right wrist steroid injection, acupuncture therapy, physical therapy, home exercise program, Cognitive Behavioral Therapy (CBT), and medication. A functional restoration program (FRP) was authorized in December 2014. The injured worker is on temporary total disability (TTD) and is not working. The treating physician requested authorization for additional acupuncture therapy once a week for 8 weeks

for the right hand. On January 29, 2015 the Utilization Review denied certification for additional acupuncture therapy once a week for 8 weeks for the right hand. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Acupuncture Medical Treatment Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 1x wk x 8 wks for the right hand:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 1X8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 1X8 acupuncture treatments are not medically necessary.