

<b>Case Number:</b>	CM15-0024240		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/16/2015
<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 31 year old female with an industrial injury dated October 31, 2013. The injured worker diagnoses include chronic bilateral upper extremities pain with tendonitis and carpal tunnel syndrome symptoms. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/23/2014, the injured worker reported pain in arms, elbows, hands, shoulders and numbness and tingling. Documentation noted that electromyography and nerve conduction studies from December 10, 2014 were negative. Objective findings revealed positive Phalen test, pain, tenderness, and pain with range of motion on the shoulder. The treating physician prescribed services for acupuncture 1 time a week for 5 weeks for the hand, wrist, and right elbow. Utilization Review determination on January 16, 2015 denied the request for acupuncture 1 time a week for 5 weeks for the hand, wrist, and right elbow, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 time a week for 5 weeks for the hand, wrist, and right elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 275, Acupuncture Treatment Guidelines.

**Decision rationale:** Patient has not had prior Acupuncture treatment. Provider requested initial trial of 5 acupuncture sessions which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Acupuncture is used as an adjunct to physical rehabilitation which was also not documented in the provided medical records. ACOEM guidelines do not recommend acupuncture for hand/wrist and forearm pain. Per guidelines and review of evidence, 5 Acupuncture visits are not medically necessary.