

<b>Case Number:</b>	CM15-0025098		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	07/18/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 42 year old male, who sustained an industrial injury on July 18, 2008. He has reported persistent pain in the left wrist and hand. The diagnoses have included ulnar nerve lesion, left wrist triangular fibrocartilage complex tear, status post left wrist surgery, potential loose body of the left wrist and gastrointestinal issues secondary to non-steroidal anti-inflammatory drug use. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left wrist, conservative therapies, pain medications and work restrictions. Currently, the IW complains of persistent pain in the left wrist and hand.

The injured worker reported an industrial injury in 2008, resulting in chronic left wrist and hand pain. He was treated conservatively and surgically without resolution of the pain. On January 26, 2015, evaluation revealed continued pain. It was noted he was not currently under the treatment of chiropractic or physical therapy care. Ultram was renewed and work restrictions were updated. On January 23, 2015 Utilization Review non-certified a request for Outpatient Acupuncture Two Times a Week for Four Weeks (2x4), noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of requested Outpatient Acupuncture Two Times a Week for Four Weeks (2x4).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Acupuncture Two Times a Week for Four Weeks (2x4): 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 2X4 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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, 2x4 acupuncture treatments are not medically necessary.