

<b>Case Number:</b>	CM15-0028738		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 51 year old female who sustained a work related injury February 11, 2011, documented as cumulative trauma to the bilateral hands and right thumb, while working as a seamstress. Past history included trigger thumb and revision carpal tunnel release and cubital tunnel release December, 2013. According to an orthopedic status report dated January 16, 2015, there are no changes to complaints. Objective findings include; diffuse tenderness of the cervical spine with good range of motion; right shoulder decreased range of motion, 100 degrees abduction flexion; hands within normal limits no trigger. Treatment plan included medications and request for additional acupuncture (6) visits. According to utilization review dated January 26, 2015, the request for Acupuncture x (6) for the Right Hand is non-certified, citing 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 times six for the right hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is not in excess of the recommendation unless improvement is noted by 3-6 sessions. However there is no indication of medication reduction or intolerance. Therefore the request is not certified.