

<b>Case Number:</b>	CM15-0031380		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	01/11/1992
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 67-year-old female who sustained an industrial injury on 01/10/92. She reports intermittent numbness in the right upper extremities and into the hand. Diagnoses include right wrist and hand pain, numbness, and carpal tunnel syndrome. Treatments to date include medications. In a progress noted dated 01/30/15 the treating provider recommends acupuncture and Voltaren gel. On 02/06/15 Utilization Review non-certified the acupuncture, citing MTUS guidelines. Per a PR-2 dated 5/11/2012, the claimant previously responded to acupuncture by 70% in 2011. Per a Pr-2 dated 8/22/2012, the claimant reports 55% pain relief, functional gain, and ADL improvements from completing 8/8 sessions of acupuncture. Acupuncture notes were submitted on 9/23/2013 and 9/27/2013. Per a PR-2 dated 10/16/2013, the claimant reports that she is progressively worsening due to lack of acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 In Office Medical Electrical Acupuncture, wrist and hand:** Upheld

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

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

**Decision rationale:** Based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had reported benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also the claimant was reported as worsening in 2013 a few weeks after having acupuncture treatment. Therefore, further acupuncture is not medically necessary.