

<b>Case Number:</b>	CM15-0040187		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	11/02/2014
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 47-year-old female, who sustained an industrial injury on November 2, 2014. She reported an injury to her hand and wrist while driving a bus. The injured worker was diagnosed as having bilateral wrist tenosynovitis. Treatment to date has included medications and physical therapy. Currently, the injured worker complains of intermittent moderate bilateral wrist pain with stiffness. She reports a burning sensation in both hands with numbness and tingling and notes that she drops objects and has weakened grip strength. Her treatment plan includes acupuncture therapy, imaging of the bilateral hands/wrists, EMG/NCV and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight acupuncture therapy sessions for the bilateral wrists:** 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 8 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. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Furthermore ACOEM and ODG guidelines do not recommend acupuncture for hand/wrist and forearm pain. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.