

<b>Case Number:</b>	CM15-0051591		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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(n) 47 year old female, who sustained an industrial injury on 8/17/12. She reported pain and triggering in the right thumb related to cumulative trauma. The injured worker was diagnosed as having right wrist sprain/strain. Treatment to date has included an EMG/NCV study, acupuncture, trigger thumb release surgery and pain medications. As of the PR2 dated 2/24/15, the treating physician noted diffuse tenderness in the right wrist. The treating physician requested acupuncture x 12 sessions for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 12 additional sessions 2 times a week for 6 weeks, right wrist:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment guideline states acupuncture may be extended with documentation of functional improvement. The provider noted that the patient completed 12 acupuncture sessions and received partial benefits. There was no objective

quantifiable documentation regarding functional improvement noted following the 6 additional acupuncture sessions. Therefore, the provider's request for 12 additional acupuncture sessions to the right wrist is not medically necessary at this time.