

<b>Case Number:</b>	CM15-0058914		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 56-year-old female, who sustained an industrial injury on 3/11/2014, due to reported cumulative trauma. The injured worker was diagnosed as having trigger finger, right thumb. Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker complains of pain in the bilateral hands and wrists, with weakness and numbness in the right hand and wrist. Electromyogram and nerve conduction studies (8/22/2014) of the right upper extremity were referenced. Current medications included Ibuprofen and Advil. The treatment plan included repeat electromyogram and nerve conduction studies of the bilateral upper extremities, a right carpal tunnel release and right trigger thumb release, and acupuncture (2x4) in the interim.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Therapy, 2 times weekly for 4 weeks (8 sessions) for Right Wrist & Thumb:**  
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/wrist and forearm; acupuncture.

**Decision rationale:** Provider requested initial trial of 8 acupuncture sessions which were modified to 3 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. ODG and ACOEM guidelines do not recommend acupuncture for wrist/thumb pain. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.