

<b>Case Number:</b>	CM15-0083386		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 58 year old female who sustained an industrial injury on 10/08/2014. Mechanism of injury was cumulative trauma. Diagnoses include cervical spine sprain/strain with underlying degenerative disc disease, left shoulder sprain/strain with underlying acromioclavicular joint osteoarthritis, right shoulder sprain/strain with underlying acromioclavicular joint osteoarthritis, right elbow lateral epicondylitis, left hand first metacarpal joint pain, right hand first carpometacarpal joint pain and lumbar spine sprain/strain with underlying degenerative disc disease. Treatment to date has included diagnostic studies, medications, activity modifications, and physical therapy. A physician progress note dated 03/02/2015 documents the injured worker has continued pain in her neck, bilateral shoulders, right elbow, bilateral hands and the lower back. Her neck pain is constant and she has spasms of the left side. There is tenderness to palpation over the left upper trapezius, and range of motion is limited and painful. She has bilateral shoulder pain that is constant and worse on the left, and it radiates to the upper shoulders and goes down both arms into the fingertips of the bilateral hands 2nd through the 5th fingers, more on the right. There is tenderness to palpation over the anterior aspect of the left shoulder with extension. Range of motion is limited and painful. She has constant right elbow pain that does not radiate. There is tenderness to palpation over the right lateral epicondyle. She has pain in her bilateral hands web spaces between the thumbs/index and middle fingers and well as the right palm, and some numbness in the finger tips. This pain awakens her at night. She has low back pain that is constant, and radiates into the right buttock and back of the right thigh. Range of motion is limited and painful. Treatment requested is

for 12 acupuncture sessions for the right wrist/hand, once a week for 12 weeks, as an outpatient.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 Acupuncture Sessions For The Right Wrist/Hand, Once A Week For 12 Weeks, As An Outpatient: Upheld**

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

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

**Decision rationale:** The patient complained of neck, bilateral shoulders, right elbow, bilateral hands and the lower back pain. It is unknown if the patient had prior acupuncture treatments from the submitted records. Therefore, it is best to evaluate the provider's request as an initial trial. The guideline recommends a trial of 3-6 sessions over 1-2 months to produce functional improvement. The provider's request for 12 acupuncture sessions for the right wrist/hand exceeds the guidelines recommendation for an initial trial. The request is inconsistent with the guidelines and therefore it is not medically necessary at this time. 6 acupuncture sessions would be appropriate at this time. The request is not medically necessary.