

<b>Case Number:</b>	CM15-0085811		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	12/03/2014
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 45-year-old female, with a reported date of injury of 12/03/2014. The diagnoses include right carpal tunnel syndrome, right extensor carpi ulnaris tendinitis, mild inflammation over the right elbow and wrist, right wrist sprain/strain, and right hand sprain. Treatments to date have included physical therapy, acupuncture, and oral medication. The progress report dated 03/26/2015 indicates that the injured worker completed eighteen physical rehabilitation sessions and will start acupuncture. There were no subjective findings documented; referred to Doctor's First Report. She was on modified duty. The documentation indicated that the objective findings for the left wrist/hand include positive Tinel, tenderness of the ventral surface of the left wrist, normal range of motion with minimal pain/tightness, no triggering/no crepitus, and intact sensation to light touch. The subjective findings (12/17/2014) include numbness and tingling in the right hand, inability to feel the right third and second finger, weakness, inability to make a fist, and swelling of the third finger. There are three acupuncture reports in the medical records from 04/03/2015 thru 04/10/2015. The acupuncture report dated 04/10/2015 indicates that since the last visit, the injured worker was a little better. There were a total of four visits. The report was handwritten and somewhat illegible. The treating physician requested additional acupuncture for the right wrist/hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture 6 visits over 6 weeks for the right 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:** The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient received acupuncture treatments. However, there was no documentation of functional improvement from the prior acupuncture sessions. In addition, the provider has requested in-house physiatrists due to failed physical therapy and acupuncture sessions. The provider stated that the patient has plateaued with physical therapy and acupuncture treatments. Based on the lack of functional improvement from previous acupuncture treatments, the provider's request for 6 acupuncture session is not medically necessary at this time.