

<b>Case Number:</b>	CM15-0233704		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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, Montana

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 67 year old male who sustained an industrial injury on 9-3-14. He is currently not working. Medical records indicate that the injured worker has been treated for tendinitis of finger; wrist disorder; left ring finger contusion. He currently (10-6-15) complains of intermittent, mild left wrist and hand discomfort that has continued to improve. His pain level was 0 out of 10 at its best and 3 out of 10 at its worst. Physical exam revealed full range of motion of the left wrist with tenderness to palpation over the ulnar aspect; tenderness to palpation over the left 3rd joint with full range of motion. There was decreased sensation to light touch and pinprick throughout the left wrist-dorsum. The 10-14-15 note indicated no pain. Treatments to date include: exercise with benefit. In the 10-6-15 note acupuncture was requested. On 10-28-15 Utilization Review non-certified the request for acupuncture to the left wrist and hand, 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of Acupuncture treatment for the left wrist and hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions for the left wrist and hand which were non-certified by the utilization review. Per medical notes dated 03-19-15, "patient has been to PT and Acupuncture". There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments for the left wrist and hand are not medically necessary.