

<b>Case Number:</b>	CM13-0061617		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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. The expert reviewer is Board Certified in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57 year old female with a date of injury of 7/02/2012. The progress report dated 11/11/2013 noted that the patient complained of bilateral hand and wrist pain. The provider noted that there were no new medical conditions. Significant objective findings include normal gait, deep tendon reflexes of the bilateral upper extremity were +1, sensory was intact, and neck flexion and extension were 30 degrees. Shoulder examination was unremarkable. The patient was diagnosed with wrist joint pain and carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 SESSIONS OF ACUPUNCTURE FOR THE BILATERAL WRIST/HANDS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** There was no evidence that the patient had tried acupuncture in the past. Based on the medical history, the current prescription for acupuncture would most accurately be evaluated as an initial trial for which the guidelines recommend 3-6 visits. The provider has requested 12 acupuncture sessions for the bilateral wrist and hands which exceeds the guidelines

recommendation number of trial sessions. Therefore, the provider's request for 12 acupuncture sessions is not medically necessary at this time.