

<b>Case Number:</b>	CM14-0144564		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 59-year-old female whose date of injury was 5-10-2013. She was working as a makeup artist and developed wrist pain while carrying shopping bags. At some point she underwent a ganglion cyst removal from the left wrist. The physical exam has revealed diffuse tenderness over the scaphoid, lunate, and triquetrum bones. She was diagnosed with a left wrist sprain/ligament tear and a thumb Spica splint was ordered as well as acupuncture. Acupuncture notes are not available. There is reference to improvements in pain after six treatments in a note dated July 24, 2014 but there seems to be no documentation with regard to repeat the exam for range of motion or any reference to changes in functionality as a result.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture X 6, Left Wrist:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Acupuncture

**Decision rationale:** Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented.In this instance, there is very scant information regarding the injured worker's response to acupuncture previously. The records provided do not speak of functional improvement. Unfortunately, functional improvement is what is required to provide greater than six acupuncture treatments for any given condition. Therefore, acupuncture X 6 to the left wrist is not medically necessary under the above guidelines.