

<b>Case Number:</b>	CM14-0147746		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/02/2002
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 51-year-old female with a 6/2/02 date of injury. A specific mechanism of injury was not described. The UR decision dated 8/25/14 refers to a 8/6/14 note, however, that note was not provided for review. According to the 8/6/14 note, the patient had ongoing pain in both hands and wrists with triggering of the right third finger. She has had acupuncture, which provided pain relief and improved tolerance to activity. On 6/12/14, the acupuncturist noted that the patient has had 4/6 authorized acupuncture treatments. She reported benefit with the trial of 4 acupuncture treatments. She stated that acupuncture decreased her pain level and she was able to perform activities with less pain. Objective findings: right hand third digit triggering, positive Tinel's and Phalen's signs. Diagnostic impression: status post right carpal tunnel release, right middle finger trigger finger with stenosing tenosynovitis. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 8/25/14 denied the request for additional acupuncture. It was noted that the patient had prior acupuncture treatments. The medical records state that the patient had pain relief and improved tolerance to activity, but do not provide details consistent with the recommendations of CA MTUS (either a clinically significant improvement in activities of daily living or a reduction in work restrictions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture to right wrist at 2x per week for 6 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114)

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. It is noted that the patient has completed 4 out of her 6 authorized acupuncture sessions. It is documented that her pain level has decreased and she has been able to perform activities with less pain. However, the specific subjective and functional improvements directly related to acupuncture treatment are not clearly outlined. There is no documentation of decreased medication use or a reduction in work restrictions as a result of acupuncture. In addition, it is unclear if the patient has completed the 6 authorized sessions to warrant authorization for additional sessions at this time. Therefore, the request for Additional Acupuncture to right wrist at 2 times per week for 6 weeks was not medically necessary.