

<b>Case Number:</b>	CM14-0167565		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	04/11/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 33-year-old male who reported an injury on 04/11/2010. The mechanism of injury was not provided. His diagnoses included cervical radiculitis; thoracic spine syndrome; right shoulder sprain; right wrist/hand sprain/carpal tunnel syndrome. Past treatments included medications, physical therapy, chiropractic therapy, and acupuncture. On 08/28/2014, the patient complained of pain in the mid/upper back and right shoulder/arm rated at a 7/10. Physical examination revealed grade 2 tenderness to palpation over the paraspinal muscles in the lumbar spine, with restricted range of motion; grade 2 to 3 tenderness to palpation with restricted range of motion and positive impingement, supraspinatus, and Codman's trap test in the right shoulder; grade 2 to 3 tenderness to palpation of the right arm; and grade 2 tenderness to palpation of the bilateral hands and wrists. Current medications were not noted. The treatment plan included acupuncture for the thoracic, right shoulder, and bilateral wrists, twice a week for 6 weeks. A request was received for acupuncture for the right hand 3x4. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the right hand; 3x4:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend acupuncture for a maximum of 2 months, with a time to produce functional improvement in 3 to 6 treatments. The clinical information indicated that the injured worker was previously authorized acupuncture therapy. The clinical information also indicated that the injured worker reported that the acupuncture decreased his pain and tenderness and improved his function and activities of daily living by 20%. However, there was no documentation with evidence to indicate how many sessions of acupuncture were performed. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Acupuncture for the right hand; 3x4 is not medically necessary.