

<b>Case Number:</b>	CM14-0202132		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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

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 44 year old female who reported bilateral wrist pain from injury sustained on 08/12/13 due to frequent typing. Patient is diagnosed with bilateral wrist tendinitis and bilateral wrist pain. Patient has been treated with medication, physical therapy, occupational therapy, and acupuncture. Per medical notes dated 07/14/14, patient complains of bilateral wrist pain, intermittent tingling and numbness in bilateral hands, left forearm pain and left elbow pain. Patient has undergone acupuncture treatments which she states that her hands and wrists are slightly better than her last visit. Additionally her elbow symptoms are minimal at this time and are rated at 1-2/10. Her main trouble is intermittent pain in bilateral wrists and hands. She has experienced symptomatic improvement with the acupuncture. Per medical notes dated 08/13/14, patient complains of bilateral wrist pain, intermittent tingling and numbness in bilateral hands, left elbow pain. Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture treatments which were non-certified by the utilization review on 11/11/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture x 6 sessions (unspecified location): Upheld**

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 07/14/14, patient reported subjective improvement with acupuncture. Provider requested additional 6 acupuncture treatments which were non-certified by the utilization review on 11/11/14. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. 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, additional 6 acupuncture treatments are not medically necessary.