

<b>Case Number:</b>	CM14-0068098		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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:

The injured worker is a 30-year-old female who reported an injury on 06/28/2013. The mechanism of injury was a burn. Her diagnoses included De Quervain's tenosynovitis of the right hand and wrist. Past treatments were noted to include physical therapy, medications, braces, and injections. Pertinent diagnostics included x-rays of the right wrist, hand, and elbow performed on 02/05/2014, all noted as unremarkable. The clinical documentation dated 04/19/2014 indicated the injured worker presented with complaints of pain and weakness at the right elbow, hand, and wrist. The physical examination revealed tenderness to palpation of the dorsal and ulnar borders of the right wrist with positive Phalen's and Tinel's tests. Active range of motion of the hands and wrists produced complaints of right hand and wrist pain and discomfort, with flexion of the right wrist to 60 degrees, extension to 60 degrees, radial deviation to 20 degrees, and ulnar deviation to 30 degrees. Deep tendon reflexes of the upper extremities were equal and active in all areas with motor and sensory strength intact in both upper extremities. Her medications were noted to include naproxen 550 mg 1 tablet twice a day, tramadol 50 mg 1 tablet twice a day, and Omeprazole 20 mg 1 tablet twice a day. The treatment plan included continued physical therapy and continued medications. The request was for 6 electroacupuncture sessions to the right wrist and hand 2x3. However, the rationale for the request and the Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Electro Acupuncture Sessions to Right Wrist and Hand, 2 x3: Upheld**

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

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

**Decision rationale:** The request for 6 Electro Acupuncture Sessions to Right Wrist and Hand, 2 x3 is not medically necessary. The California Acupuncture Medical Treatment Guidelines permit an initial trial (time to produce functional improvement) of 3 visits to 6 visits over 3 weeks. An extension of acupuncture is permitted if functional improvement is measured as a clinically significant improvement in activities of daily living or reduction in work restrictions and a reduction in the dependency on continued medical treatment. The clinical documentation submitted for review failed to provide evidence of significant functional deficit to warrant the medical necessity for the request. As such, the request for 6 Electro Acupuncture Sessions to Right Wrist and Hand, 2 x3 is not medically necessary.