

<b>Case Number:</b>	CM15-0002413		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: 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 64-year-old male, who sustained an industrial injury on 06/20/2014. He has reported bilateral wrist pain, left facial pain, neck pain, and bilateral knee pain. The diagnoses have included bilateral wrist sprain/strain. Treatment to date has included an x-ray of the left hand on 06/23/2014, which showed degenerative changes of first carpometacarpal joint; an x-ray of the right hand on 06/23/2014, which showed degenerative changes of first carpometacarpal joint; physical therapy; electromyography/nerve conduction velocity study of the bilateral upper extremities on 10/09/2014, with normal findings; and pain medications. Currently, the injured worker complains of intermittent numbness and tingling in his right hand. The physical examination did not include objective findings for the right wrist. The treating physician requested acupuncture therapy twice a week for four weeks to reduce myofascial pain in the left wrist. On 12/26/2014, Utilization Review (UR) non-certified the request for acupuncture treatment for the right wrist two (2) times a week for four (4) weeks, noting that there was no physical examination of the right wrist, and a lack of rationale for the provision of acupuncture to the right wrist. The MTUS Acupuncture Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 to the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care an acupuncture trial for pain management would have been reasonable and supported by the MTUS. The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested an initial 8 acupuncture sessions, which is exceeding the number recommended by the guidelines without current extenuating circumstances documented, the request is seen as excessive, not supported for medical necessity.