

<b>Case Number:</b>	CM15-0012186		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: 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 60 year old female who sustained a work related injury on 02/22/13. She reports continued sharp burning, throbbing, and occasional tingling and numbness over the hypothenar area. Diagnoses include osteoarthritis of the first MCP joint, bilateral hand pain, and carpal tunnel syndrome. Treatments to date include medications, an EMG/NCV study, and physical therapy. In a progress note dated 12/05/14 the treating provider reports the injured worker is looking at holistic treatment for her pain and would like to be on a minimum of medication. On 12/29/14 Utilization Review non-certified acupuncture, citing MTUS guidelines. Paraffin wax baths to the hands were also non-certified, citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture (6 visits) for the bilateral hands/wrists:** 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 Acupuncture Medical Treatment Guidelines states that acupuncture may be extended if there is documentation of functional improvement. The patient complained of hand pain. According to the progress report dated 12/05/2014, the provider noted that the patient completed 6 acupuncture sessions. There was no documentation of functional improvement noted from the 6 acupuncture sessions. Based on the guidelines, the provider's request for 6 additional acupuncture sessions are not medically necessary at this time.

**Paraffin wax baths for hands:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand (Acute & Chronic)

**Decision rationale:** The Official Disability Guideline recommended paraffin wax bath as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). The patient was diagnosed with osteoarthritis. However, there was no documentation of evidence based conservative care such as exercise. Therefore, the patient does not meet the guidelines for paraffin wax bath. The provider's request for paraffin wax bath for the hands is not medically necessary at this time.