

<b>Case Number:</b>	CM15-0012448		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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:

This is a 55 year old male with an industrial injury date of 08/28/2013. The mechanism of injury is documented as a fall resulting in pain to the right wrist, hand and low back. On visit dated 12/12/2014 he was complaining of right wrist and low back pain. Physical exam revealed tenderness to palpation of right wrist over the flexor and extensor tendon. Tinel's test and Phalen's test were positive. Right wrist flexion and extension was 60 degrees, radial deviation 20 degrees and ulnar deviation is 30 degrees. Sensation was decreased in the right upper extremity along the median nerve distribution. Lumbar spine revealed tenderness to palpation over the paravertebral musculature, lumbosacral junction and right sacroiliac joint. Range of motion was flexion 45 degrees, extension 10 degree and right and left side bending 15 degrees. Prior treatment includes acupuncture and physical therapy (approximately 20 sessions) and visits with psychiatrist. Diagnoses includes right wrist sprain with development of flexor/extensor tendinitis, lumbosacral spine musculo - ligamentous sprain/strain, right sacroiliac joint sprain, stress, anxiety and depression: complaints of left wrist tendinitis and early carpal tunnel syndrome, non-related to current employment. On 12/31/2014 the request for acupuncture sessions 2 times a week for 6 weeks, quantity of 12. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Acupuncture Sessions:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, 12 acupuncture treatments are not medically necessary.