

<b>Case Number:</b>	CM15-0014697		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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 43 year old male, who sustained an industrial injury on 9/13/2012. The diagnoses have included carpal tunnel syndrome - bilateral. Treatment to date has included left carpal tunnel release, physical therapy and acupuncture. According to the progress report dated 1/6/2015, the injured worker presented for follow-up of chronic, bilateral upper extremity pain. The injured worker complained of bilateral hand pain with a soreness that occurred bilaterally in his forearms. The pain was made worse with extended periods of activity. The pain was made better with rest and topical cream. The injured worker reported having had acupuncture in the past that resulted in a 70-80% pain decrease with each session that would last approximately one to two weeks. Physical exam revealed normal muscle tone and strength. Authorization was requested for six sessions of acupuncture. On 1/15/2015, Utilization Review (UR) non-certified a request for Additional Acupuncture 6 sessions. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture 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. Records indicate that the patient had acupuncture in the past and reported 70-80% decrease in pain with each session. Although there is documented pain relief there was no documentation of functional improvement through acupuncture. Therefore, the provider's request for additional 6 acupuncture session is not medically necessary at this time.