

<b>Case Number:</b>	CM15-0110722		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 39 year old female, who sustained an industrial injury on January 28, 2013. She reported pain and numbness in the hands and neck pain. The injured worker was diagnosed as having carpal tunnel syndrome. On May 29, 2014, electrodiagnostic studies of the bilateral upper extremities revealed improvement of the right carpal tunnel syndrome after the release. On July 28, 2014, an MRI of the right wrist revealed no internal derangement. On July 28, 2014, x-rays of the right wrist were unremarkable. Treatment to date has included work modifications, right hand median and peripheral nerve blocks in 2013, and medications including anti-epilepsy, topical non-steroidal anti-inflammatory, and oral non-steroidal anti-inflammatory. On May 14, 2015, the injured worker complains of continued right wrist pain. She underwent a right carpal tunnel release in 2013, but remains symptomatic. The physical exam revealed normal right upper extremity muscle tone and strength. The treatment plan includes 12 sessions of acupuncture for the right wrist. Six acupuncture visits were approved on 7/9/2015. Per a UR review dated 6/1/2015, the claimant had six prior acupuncture visits authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the right wrist, quantity: 12 sessions:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. Therefore further acupuncture is not medically necessary.