

<b>Case Number:</b>	CM15-0117970		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	06/03/1998
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 62 year old female, who sustained an industrial injury on 06-03-1998. A review of the medical records indicates that the worker is undergoing treatment for chronic right shoulder pain with renal insufficiency, status post right carpal tunnel release, left thumb carpometacarpal joint excisional arthroplasty, interpositional arthroplasty of the left wrist scaphotrapezoidal joint, stenosing tenosynovitis of the left thumb and bilateral cubital tunnel syndrome. Subjective complaints (02-09-2015) included right hand numbness that awakened the injured worker at night. Objective findings (02-09-2015) showed tenderness of the carpal metacarpal joint on the left with positive Phalen's sign on the right. Treatment plan included a nerve conduction study and splinting. Subjective complaints (04-17-2015) included 8 out of 10 pain at maximum with a baseline of 3. The physician noted that one treatment of acupuncture had helped and indicated that the injured worker was taking nothing for pain due to inability to take anti-inflammatories secondary to renal insufficiency. Objective findings (04-17-2015) showed stiff neck, very stiff with left turn and left lateral flexion, swelling and tenderness of the supraclavicular plexus, tenderness over the radial, ulnar and median nerves, positive neural tension signs and mild fasciculations of her dorsal lateral extensor wad. The physician recommended that in addition to acupuncture, the injured worker see a pain management doctor. The physician also noted that "we did get a note from [REDACTED] dated April 02, 2015, noting 12 visits of acupuncture. Pain management and acupuncture." Subjective complaints (05-18-2015) included right numbness and tingling but less than the left and improvement with shot in thumb but continued numbness and tingling of the left hand. Objective findings (05-18-2015) included numbness and tingling of the left with holding wrist in hyperextension, right Phalen sign and left Phalen's after 30 seconds and left tingle more pronounced than right. Treatment has included pain

medication, physical therapy, acupuncture, splinting and surgery. Treatment plan included carpal tunnel release on the left and nerve conduction study on the left. There was no mention of intent to order acupuncture. There was also no evidence of pain relief or objective functional improvement with prior acupuncture sessions. A utilization review dated 06-08-2015, non-certified acupuncture, quantity: 12 sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture, quantity: 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The utilization review document of June 8, 2015 denied the treatment request of 12 acupuncture visits to the patient's left wrist sitting CA MTUS acupuncture treatment guidelines. The request for treatment followed a 5/18/2015 follow-up evaluation for left hand numbness and tingling. Symptoms persisted despite injection into the phone. Left hand symptoms were reportedly controlled by a night splint. Following a nerve conduction study of the left wrist surgery was recommended for carpal tunnel release. Medication was prescribed. Occupational Therapy of eight visits was prescribed. The patient was referred to pain management to treat the right shoulder but treatment of the left wrist, 12 sessions of acupuncture was recommended. The utilization review determination found no documentation to support the recommendation for acupuncture given that no frequency or duration of the requested care was outlined therefore the necessity for care was non-certified. The reviewed medical records do identify the medical necessity for pain management of the left wrist along with residual symptoms of numbness and tingling secondary to carpal tunnel entrapment supported by the CA MTUS guidelines. The care as requested, 12 acupuncture sessions to the left wrist is not consistent with CA MTUS acupuncture treatment guidelines acupuncture treatment guidelines that recommend an initial trial of care of six visits versus the 12 requested. The request is not medically necessary.