

<b>Case Number:</b>	CM15-0121019		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	11/23/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 47 year old female sustained an industrial injury on 11/23/13. She subsequently reported left shoulder, elbow and wrist pain. Diagnoses include neck sprain and strain, carpal tunnel syndrome, lateral epicondylitis of elbow and effusion of shoulder joint. Treatments to date include physical therapy and prescription pain medications. The injured worker continues to experience left shoulder and right wrist pain. Upon examination, wrist range of motion is reduced. There is tenderness to palpation to the right wrist volar, distal, radial and ulnar aspects. Tinel's and Phalen's were positive. A request for 6 acupuncture sessions for the bilateral wrists was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 acupuncture sessions for the bilateral wrists:** Overturned

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

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

**Decision rationale:** The patient continues to experience left shoulder and right wrist pain. The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. Based on the submitted documents, it is best to evaluate the provider's request as an initial trial for which the guidelines recommend 3-6 visits to produce functional improvement. The provider's request for 6 acupuncture sessions for the bilaterally wrist is within the evidence based guidelines. Therefore, the provider's request for 6 acupuncture sessions is medically necessary at this time.