

<b>Case Number:</b>	CM15-0122823		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 54 year old female who sustained an industrial injury on 7/24/13. She had complaints of left wrist/hand pain and was diagnosed with a distal radius fracture. Treatments to date include medication, surgery, occupational therapy, physical therapy TENS unit and H-wave. Progress note dated 5/18/15 reports complaints of throbbing and aching left wrist pain that radiates up to the left shoulder. She gets tingling and numbness in her fingertips. Pain increases with gripping, grabbing and lifting. Pain level is rated 7/10 without medication and 4-5/10 with medication. Diagnoses include: status post distal fracture of the radius from 7/24/13, chronic left upper extremity pain, tendinitis left wrist, tendinitis left forearm, and paresthesias of the hand. Plan of care includes: continue ibuprofen - prescriptions given, try gabapentin 600 mg - prescription given, request 6 session of acupuncture for left upper extremity, request 4 sessions of cognitive therapy for management of chronic pain, get back to aerobic exercise. Work status is permanent and stationary. Follow up in 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to the left wrist, 8 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture to the left wrist, eight sessions is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are status post distal fracture radius July 24, 2013; chronic left upper extremity pain; left wrist tendinitis; left forearm tendinitis; and paresthesias hand. The date of injury is July 24, 2013. Request authorization is May 20, 2015. A new patient dictation dated May 18, 2015 subjectively states the injured worker sustained an extra articular fracture of the distal radius. The injured worker received physical therapy and an EMG February 4, 2014. Injured worker has not received acupuncture treatment to date. The pain score is 4-5/10. Objectively, there is moderate tenderness of the left wrist. The guidelines recommend an initial trial of 3-4 visits (acupuncture). The documentation by the treating provider states six visits were requested. There is no copy of the request for authorization to verify the number of acupuncture visits requested. In either case, the treating provider exceeded the recommended guidelines for 3-4 visits. With objective functional improvement, a total of 12 visits may be clinically indicated. Consequently, absent compelling clinical documentation and guidelines recommendations for a 3-4 visit clinical trial, acupuncture to the left wrist, eight sessions is not medically necessary.