

<b>Case Number:</b>	CM15-0171861		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 is a 51-year-old male worker who was injured on 2-1-2012. The medical records reviewed indicated the injured worker (IW) was treated for status post surgery, right wrist. The progress notes (7-7-15) indicated the IW had right intermittent right wrist pain and numbness radiating to the hand with weakness. On physical examination (6-2-15 and 7-7-15 records) range of motion of the right wrist was decreased and painful. There was tenderness in the wrist and Phalen's test caused pain on the right. JAMAR grip strength was 26, 30 and 32 kg on the right, with wrist pain, and 36, 34 and 36 kg on the left. Electrodiagnostic testing done 5-11-15 showed "abnormalities consistent with carpal tunnel syndrome and cubital tunnel syndrome". The IW was not working. Treatments included six sessions of physical therapy and six sessions of acupuncture. Re-Evaluation notes (7-6-15) indicated right wrist ROM was not improved, but strength was maintained. An Activities of Daily Living (ADL) Questionnaire dated 6-2-15 showed some improvement in ADLs since the previous questionnaire on 4-28-15. MRI of the right wrist on 7-22-15 showed deformity of the distal ulna, (post surgical versus remote trauma); a 4 by 5 mm well-circumscribed lucency noted in the distal ulna; and mild tissue swelling and subcutaneous edema noted on the ulnar side of the wrist. A Request for Authorization was received for six sessions of acupuncture. The Utilization Review on 8-11-15 non-certified the request for six sessions of acupuncture due to lack of documentation of functional improvement from previous acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment, quantity: 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

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

**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 of unknown quantity and duration. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.