

<b>Case Number:</b>	CM15-0091301		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 48 year old male who sustained an industrial injury to his right wrist/hand and elbow on 04/02/2014 from repetitive motion. The injured worker was diagnosed with right De Quervain's tenosynovitis and right medial epicondylitis. Treatment to date includes conservative measures, acupuncture therapy and Motrin. According to the primary treating physician's progress report on March 24, 2015, the injured worker continues to experience right wrist and elbow pain. The injured worker rates his pain level at 7/10. Examination demonstrated tenderness to palpation over the right radial wrist with positive Finkelstein's. Range of motion was decreased with flexion, extension and ulnar deviation. Examination of the right elbow revealed significant tenderness over the medial epicondyle and mild tenderness over the lateral epicondyle which increased with resisted wrist extension. The provider was unable to do a wrist flexion test. Range of motion of the elbow, radial head and digits were within normal limits with no referred pain to the elbow. Tinel's, Phalen's and Finkelstein were negative bilaterally. Sensory, motor strength and deep tendon reflexes were within normal limits and neuro vascular was intact. Current medications are listed as Norco and Ibuprofen. Treatment plan consists of continuing with acupuncture therapy, Ibuprofen, work restrictions, right De Quervain's steroid injections and the current request for acupuncture therapy twice a week for 3 weeks. A prior review dated 4/16/2015, the claimant has had 12 prior sessions of acupuncture in 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 Times A Week for 3 Weeks Right Hand: 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. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.