

<b>Case Number:</b>	CM15-0091769		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/29/2015
<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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59-year-old female, who sustained an industrial injury on 01/01/2013. According to a progress report dated 04/22/2015, the injured worker remained symptomatic. She had right wrist/hand pain rated 6 on a scale of 1-10 with tingling and slight numbness. Neck pain was rated 8. Left hand/wrist pain was rated 6 with numbness. Examination of the cervical spine demonstrated muscle guarding or spasm, increasing pain towards terminal range of motion; tenderness to palpation of the paraspinal musculature, low range of motion + compression low sensation of C5-6, 4 millimeter disc C5-C6. Left shoulder had increasing pain towards terminal range of motion. Neer's and Hawkins test was positive on the right and left. Left elbow had tenderness to palpation of the medial and lateral aspect of the left elbow. Elbow flexion test was positive on the right and left. Left hand/wrist had tenderness over the dorsal and volar aspects of the wrist. Tinel's, Phalen's and Durkan's median compression test was positive on the left. Katz hand diagram score revealed classic patterns of the left carpal tunnel syndrome; diminished light touch in the median nerve distribution bilaterally. Diagnoses included status post right arthroscopic carpal tunnel release with right distal forearm fascia release 10/13/2014, 4-millimeter disc herniation C5-6 per MRI, thoracic spine strain, bilateral shoulder impingement syndrome, non-specific left elbow arthralgia and right middle finger trigger. Treatment plan included a follow up appointment, continuance of home exercise program, EMG/NCV (electromyography/nerve conduction velocity studies) of the upper extremities and acupuncture 12 sessions 2-3 times a week for 6 weeks. Treatment to date has included physical therapy,

medications and right carpal tunnel release. Currently under review is the request for 12 acupuncture treatments to the shoulders, elbows, thoracic spine and neck.

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

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

**12 acupuncture treatments to the shoulders, elbows, thoracic spine and neck: Upheld**

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

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

**Decision rationale:** This claimant was injured now about two year ago, and still has subjective pain. She is post-arthroscopic carpal tunnel release. The plan was for acupuncture 2-3 times a week for 6 weeks. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be initial used to assess effectiveness i.e. six trial sessions. The sessions were appropriately not medically necessary under the MTUS Acupuncture criteria.