

<b>Case Number:</b>	CM15-0092325		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: 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 42 year old female, who sustained an industrial injury on 9/2/2009. Diagnoses have included bilateral upper extremity overuse tendinitis and carpal tunnel syndrome, status post left carpal tunnel release. Treatment to date has included surgery, injections and medication. According to the progress report dated 3/17/2015, the injured worker complained of aching pain in the shoulders bilaterally with numbness rated 8-9/10. She complained of aching and stabbing pain in the bilateral wrists with numbness and pins and needles sensation rated 8/10. She was taking Tylenol and using creams. Exam of the upper extremities revealed bilateral hand tenderness and pain. There was tenderness to the right palm and right dorsum with triggering of the right long finger. There was a palpable nodule to the A1 pulley with mild active triggering. There was tenderness to the forearms bilaterally into the shoulders with overhead reach pain with full motion. Authorization was requested for acupuncture x 12 for the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) acupuncture therapy visits for the bilateral upper extremities: Upheld**

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.