

<b>Case Number:</b>	CM15-0094125		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 was a 64 year old male, who sustained an industrial injury, March 17, 2009. The injured worker previously received the following treatments cervical spine MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities which showed bilateral carpal tunnel syndrome, Nalfon, Naproxen, Protonix, Gabapentin, Tramadol ER, random toxicology laboratory studies negative for any unexpected findings and TENS (transcutaneous electrical nerve stimulator) unit. The injured worker was diagnosed with bilateral shoulder impingement, bilateral lateral epicondylitis, bilateral carpal tunnel syndrome, carpal tunnel release on the right, bilateral CMC joint arthritis of the thumbs and chronic pain syndrome. According to progress note of April 2, 2015, the injured workers chief complaint was bilateral wrist and hand pain with numbness and tingling. The physical exam noted tenderness along the carpal tunnel area bilaterally. The subluxation at the ulnar nerves had tenderness along the cubital tunnel as noted by the Tinel's test. There was tenderness over the medial and lateral epicondylar surfaces bilaterally. The treatment plan included acupuncture 3 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x a week for 4 weeks: Upheld**

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

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

**Decision rationale:** It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits completed should be submitted. Therefore 12 sessions of acupuncture are not medically necessary as requested.