

<b>Case Number:</b>	CM15-0096785		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	11/23/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 55-year-old female, who sustained an industrial injury on 11/23/2012. The current diagnoses are sprains and strains of the wrist and De Quervain's syndrome. According to the progress report, the injured worker complains of right thumb pain with radiation to her right forearm, wrist, and hand. She reports associated numbness and tingling in the right hand and fingers. The pain is rated 5/10 on a good day and 7-8/10 with fine hand manipulations. The physical examination of the right wrist/hand reveals tenderness to pressure over the first dorsal compartment. There is a positive Finkelstein's test. The current medications are Naproxen and Omeprazole. Treatment to date has included medication management physical therapy, electrodiagnostic studies, acupuncture, and cortisone injection. Per notes, she was seeing improvement in her pain with previous acupuncture. She was also seeing functional improvement and better range of motion. The plan of care includes 6 additional acupuncture sessions to the right wrist/thumb.

### 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 for the right wrist and right thumb:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of right thumb pain with radiation to right forearm, wrist, and hands. The patient had prior acupuncture treatment and noted improvement in pain, functional improvement, and better range of motion with the acupuncture sessions. However, there was no objective quantifiable documentation regarding functional improvement. Therefore, the provider's request for 6-acupuncture session to the right wrist and thumb is not medically necessary at this time.