MAXIMUS Federal Services

| Case Number: | CM15-0097327 | | |
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| Date Assigned: | 05/28/2015 | Date of Injury: | 08/20/2014 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 05/20/2015 |

## 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, New York, 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 applicant is a represented 43-year-old who has filed a claim for bilateral upper extremity pain reportedly attributed to cumulative trauma at work first claimed on August 12, 2014. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve a request for acupuncture while apparently approving a hand surgery consultation. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the decision to approve the hand surgery consultation and, furthermore, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In an appeal letter dated May 29, 2015, the attending provider appealed the hand surgery denial and appealed previously denied acupuncture. The attending provider stated that the applicant was entitled to 24 sessions of acupuncture and seemingly suggested that the applicant was entitled to 24 sessions annually. In an April 8, 2015 progress note, the applicant reported ongoing complaints of hand and wrist pain with associated upper extremity paresthesias. The applicant was doing home exercises and had received earlier acupuncture, it was acknowledged. Naproxen, Prilosec, Flexeril, and Neurontin were renewed, as was the rather proscriptive 5-pound lifting limitation. In an earlier note dated March 19, 2015, the applicant reported ongoing complaints of upper extremity pain reportedly attributed to cumulative trauma at work. The date of injury, somewhat incongruously, was reported as August 20, 2015 in some sections of the note and August 20, 2013 in other sections of the note. The applicant did report ancillary complaints of reflux and upper extremity paresthesias, it was incidentally noted. MRI imaging, eight sessions of acupuncture, naproxen, Flexeril, Prilosec,

and Neurontin were endorsed at this point, along with a second opinion hand surgery consultation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 per week bilateral wrist:** Upheld

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

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

**Decision rationale:** No, the request for additional acupuncture at a rate of twice a week for the bilateral wrists was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, there did not appear to be a clear or compelling evidence of functional improvement as defined in section 9792.20e, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. A rather proscriptive 5-pound lifting limitation remained in place, seemingly unchanged, from visit to visit. The applicant remained dependent on analgesic and adjuvant medications to include Neurontin, Flexeril, naproxen, etc. The applicant was in the process of pursuing a hand surgery consultation. All of the foregoing, taken together, suggested that the applicant had in fact plateaued in terms of the functional improvement measures established in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture. Therefore, the request for additional acupuncture was not medically necessary.