

<b>Case Number:</b>	CM14-0051675		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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. The expert reviewer is Board Certified in Chiropractic and Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 38 year old female who reported bilateral wrist pain from injury sustained on 06/04/13 due to heavy lifting while cleaning mats. There were no diagnostic imaging reports. Patient is diagnosed with carpal tunnel syndrome; ulnar nerve lesion; tenosynovitis of hand and wrist. Patient has been treated with medication, therapy and acupuncture. Per acupuncture progress notes dated 10/29/13, patient complains of joint pain at left arm/hand and right elbow, arm/hand and wrist. Her symptoms are constant and associated with numbness. Pain varied from 6-9/10, currently pain is 8/10. She reports significant improvement in her left ulnar arm pain since treatment and currently no longer has pain. The pain is focused on dorsal hand. She states that acupuncture provided temporarily relief but pain and paraesthesia always returns. Per acupuncture progress notes dated 10/31/13, patient complains of left arm/hand pain and right elbow, arm/hand, wrist pain rated at 8/10. Per progress notes patient is able to grip and hold objects more tightly; she has 11% improvement in score/ function as measured by pain and disability scale and she has approximately 100% improvement in grip strength in right hand with treatment. Per medical notes dated 10/31/13, patient reports that acupuncture has indeed been beneficial in that she reports at least 50% less pain than before. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Acupuncture treatment sessions for the right wrist: Overturned**

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

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

**Decision rationale:** Per MTUS Acupuncture Medical treatment Guidelines pages 8-9. Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. Per acupuncture progress notes dated 10/29/13, she reports significant improvement in her left ulnar arm pain since treatment and currently no longer has pain. Per acupuncture progress notes dated 10/31/13, patient reports that acupuncture provides temporary relief but the pain and paraesthesia returns. Per progress notes patient is able to grip and hold objects more tightly; she has 11% improvement in score/ function as measured by pain and disability scale and she has approximately 100% improvement in grip strength in right hand with treatment. Per medical notes dated 10/31/13, patient reports that acupuncture has indeed been beneficial in that she reports at least 50% less pain than before. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments retrospective or prospective are medically necessary.