

<b>Case Number:</b>	CM13-0012276		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/22/2010
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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:

Claimant is a 43 year old male with date of injury 6/22/2010 and primary diagnosis of medial epicondylitis. Per progress note dated 7/02/2013, the claimant complained of bilateral elbow pain, moderate and persistent, and left elbow epicondyle minimally tender. On exam there was mild tenderness of the right elbow. Bilateral wrists had negative Tinel's sign, and negative Phalen test. Diagnoses included 1) bilateral carpal tunnel syndrome 2) bilateral epicondylitis. It is noted from other clinical notes that the claimant is status post carpal tunnel release. Per the utilization review dated 7/24/2013 it is noted that the claimant had previously been approved for 8 sessions of acupuncture for the left elbow, and 6 sessions for bilateral elbows. Acupuncture progress note reports that the claimant had steady fair progress in reduced left lateral and medial epicondyle area pain, and fair progress with less pain in his left arm after treatment. The treatment helps him to maintain his current activity level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient:** Upheld

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

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

**Decision rationale:** The claimant has had acupuncture sessions previously with results described as able to maintain activities. There is no description of poor function prior to acupuncture, and no description of improved function following acupuncture. There is also no description of intolerance to pain medications. The request for acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient is substantiated within these guidelines, and is therefore determined to not be medically necessary.