

<b>Case Number:</b>	CM13-0022950		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Chiropractic & 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 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 sustained a work related injury on 3/15/2012. He has right shoulder, arm, elbow, and forearm pain. He also has upper back, wrist and hand pain. His right elbow is numb with pain, tingling and weakness to grab objects. Right wrist has nerve damage from elbow injury. His diagnoses are right elbow sprain/strain, status post radial head fractures and right elbow open reduction internal fixation, right carpal tunnel syndrome, and right wrist sprain/strain. Prior treatment has included oral medication, surgery, physical therapy. He is on modified work. Four acupuncture visits were authorized on 8/6/2014 as a trial. There is no documentation of initiation or completion of the trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE FOR THE RIGHT ELBOW 2 X 4 (8 TREATMENTS TOTAL): Upheld**

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

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

**Decision rationale:** According to evidenced based guideline, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work

restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had a trial of four acupuncture visits approved. However, there is no documentation on functional improvement or completion of that trial. Therefore further acupuncture is not medically necessary. If this request is for an initial trial, eight visits exceeds the recommended amount for an initial trial.