

<b>Case Number:</b>	CM13-0034946		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 licensed 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 PR-2 report from [REDACTED] dated 9/3/13 addressed the evaluation findings of 9/3/13; the patient was previously seen on 11/1/12. The patient presented to [REDACTED] improvement with myofascial release therapy. He presented with bilateral arm problems: pain in elbows, wrists and hands; pain reported as 7/10 occurring frequently lasting 30 minutes. Exam revealed the patient was positive for right palmar wrist tenderness and positive Tinel's and Phalen's; left wrist with palmar palpable tenderness and positive Tinel's and Phalens. Right elbow had evidence of lateral epicondylitis. The treatment plan included 6 Acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the elbow, wrists and hands (6 sessions): Upheld**

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

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

**Decision rationale:** The total number of Acupuncture visits is unknown and what benefit the patient experienced. [REDACTED] did not provide a clinical history of prior acupuncture management or the patient's history of improvement under care only that that the patient has

returned to work and was not demonstrating any functional deficits of hand/wrist or elbow that would support further Acupuncture care of 6 visits. The CA MTUS Acupuncture Guidelines state that only if functional improvement is documented, further care is warranted.