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| <b>Case Number:</b>   | CM13-0054708 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 07/02/2006 |
| <b>Decision Date:</b> | 03/17/2014   | <b>UR Denial Date:</b>       | 11/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/20/2013 |

### 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 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 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:

The injured worker is a 56 year old female who reported left wrist, elbow, and forearm and shoulder pain from injury sustained on 7/02/06. Patient was doing her regular and customary duties when she slipped on a hanger and fell. There were no diagnostic imaging reports. MRI of the left wrist revealed ganglion cyst. MRI of the elbow revealed epicondylitis. Patient was diagnosed with medial epicondylitis, wrist sprain, and shoulder sprain. Patient was treated with medication, physical therapy, cortisone injection, multiple surgeries and acupuncture. Per notes dated 11/1/13, pain in the left wrist, elbow, and shoulder getting worse; continues to have swelling in her left elbow and wrist and is tender to palpation. Per acupuncture progress notes dated 12/19/12, "patient feels the same, no significant improvement besides temporary relief". Per Acupuncture progress notes dated 12/17/12, "patient feels the same; symptoms remain unchanged since last treatment". Per PR2, "she attended 6 sessions of acupuncture and feels some relief". Patient hasn't had any long term symptomatic or functional relief with Acupuncture care. There is lack of evidence that prior Acupuncture care was of any functional benefit. Patient continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Acupunture for the Left Upper Extremity, 2 times per week over 3 weeks, to be performed at Dynamic Physical Therapy and Acupunture: Upheld**

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 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. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.