

<b>Case Number:</b>	CM13-0061423		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/30/2004
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Board Certified in 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:

This is a 52 year old female patient with pain complaints of bilateral upper extremities. Diagnoses included bilateral epicondylitis, status post bilateral carpal tunnel release. Previous treatments included: carpal tunnel release surgery, injections, oral medication, physical therapy, acupuncture (unknown number of sessions, unreported gains) and work modifications amongst others. As the patient continued significantly symptomatic, with reduced function of activities of daily living, a request for additional acupuncture x12 was made on 11-18-13 by the primary treating physician. The requested care was denied on 11-26-13 by the UR reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xwk x6wks bilateral wrist and elbows:** Upheld

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

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

**Decision rationale:** The MTUS Acupuncture Guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states that extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a

reduction in work restrictions and a reduction in the dependency on continued medical treatment. The patient already underwent an unknown number of acupuncture sessions without any objective improvements documented (function-ADLs improvement, medication reduction, work restrictions reduction, etc). Without evidence of significant quantifiable response to treatment obtained with previous acupuncture care or documentation of extraordinary circumstances to support a number of sessions in excess of the MTUS Acupuncture Guidelines' recommendations, the request for additional acupuncture is not medically necessary and appropriate.