

<b>Case Number:</b>	CM13-0062149		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 44 y/o male patient with pain complains of elbow. Diagnoses included lateral epicondylitis, ulnar nerve lesion. Previous treatments included: injections, oral medication, physical therapy ("without much benefit"), acupuncture (10 sessions already rendered with alleged symptom-medication reduction and function improvement) and work modifications amongst others. As the patient continued significantly symptomatic a request for additional acupuncture x6 was made on 11-19-13 by the PTP. The requested care was denied on 11-27-13 by the UR reviewer. The reviewer rationale was "acupuncture x10 had already been rendered with stated improvement in ROM, symptom-medication reduction. The MTUS supports the extension acupuncture if functional improvement is documented, in this case the office notes suggests that subjective improvements were obtained, but no specifics were afforded in regards to the actual measurements of ROM or documented reduction in medication intake. The requested six additional acupuncture sessions are not deemed medically necessary at this point".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) acupuncture sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code. Reference Sections 77.5, 4600, 4604.5 and 5307.27, Labor Code. California MTUS 8 CCR 9792.20.

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

**Decision rationale:** On 04-23-13, in the PTPs initial examination was reported that the patient has not responded conservative measures including medication and physical therapy...patient has significant limitations in the cervical spine ROM...work restrictions: no lifting over 5 pounds...taking Tramadol, Naprosyn...On 07-31-13 (before acupuncture care) was reported "decrease of pain...taking Nabumetone very intermittent...we will continue the medication for intermittent flare ups". After undergoing 10 acupuncture sessions that were allegedly beneficial, on 11-19-13 the acupuncture provider reported the "work status: modified duties, no lifting over 5 pounds...According to the narrative report dated 12-09-13 from the PTP appealing the denial determination for additional acupuncture x6, that the patient was "able to discontinue Naproxen and Tramadol and reduce the intake of Nabumetone: a recent refill of 90 pills was given five months after the last refill, therefore there is indeed a significant decrease in medication intake...patient has noticed improved range of motion of the left neck-upper extremity...also could lift his left arm higher which the patient could not do before...".On 11-08-13 was reported by the PTP: medication intake was discontinued (Tramadol and Naprosyn)...Although after the 10 sessions of acupuncture medication intake was reduced (reduction in the dependency of medical treatment), the patient continued with the same work restrictions, and no clear functional-ADLs benefits obtained/documented. Mandated guidelines read 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."Without evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.