

<b>Case Number:</b>	CM14-0000175		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Acupuncture and is licensed to practice in New York. 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 purpose of this review is to determine medical necessity for 6 acupuncture sessions. The applicant is a female employee who has filed an industrial claim for a bilateral upper extremity injury that occurred on 7/20/10. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of continued elbow pain rated at 4/10 that increases with movement, cold, and dampness. As of 12/9/13, the primary treating physician requested an additional six sessions of acupuncture to treat her pain and to reduce some of her symptoms. She is currently diagnosed with medial epicondylitis, paresthesias and adjustment disorder with mixed emotion. Her treatment to date includes, but is not limited to, prior acupuncture sessions, physical therapy sessions, pain and anti-inflammatory medications, injections and braces. In the utilization review report, dated 12/18/13, the UR determination did not approve the additional six sessions of acupuncture in light of "functional improvement" of MTUS guidelines. It is evident in November 2013, the applicant received acupuncture treatment, and the notes provided do not convey specific functional improvement, reduction in pain/spasms or a reduction in medication use for the applicant. Therefore, the advisor denied the additional request for these six acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE ACUPUNCTURE #6 VISITS:** Upheld

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

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

**Decision rationale:** This claimant has ongoing epicondylar upper extremity pain greater than three years. Two to three acupuncture sessions are considered to assess the possibility of functional improvement per MTUS guidelines 9792.24.1 Acupuncture medical treatment guidelines state that the time to produce a functional improvement is 3 to 6 treatments, 1 to 3 times per week for an optimum duration of 1 to 2 months. Treatment had already been provided in this case in November 2013. Although MTUS guidelines suggest that treatment may be extended if functional improvement is documented, since the completion of the previously certified acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. The request is not medically necessary.