

<b>Case Number:</b>	CM14-0102583		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 injured worker is a 57 year old male who reported right elbow pain from injury sustained on 09/17/10 while lifting a shovel. Electrodiagnostic studies revealed carpal tunnel syndrome. Patient is diagnosed with lateral epicondylitis, mononeuritis and pain in joint-upper arm. Patient has been treated with medication, therapy and acupuncture. Per acupuncture progress notes dated 04/01/14, patient reports that pain is no longer constant and muscles feel more relaxed, elbow pain rated at 5/10; patient has difficulty using arm for activities of daily living. Per medical notes dated 05/21/14, patient complains of right elbow pain. Pain is rated at 5/10; pain is characterized as aching and burning, radiating to the right forearm. Pain level remains unchanged since last visit. Patient has completed 8 sessions so far and reporting good benefit. Per medical notes he was able to complete his ADLs (Activities of Daily Living) with less discomfort; he is also able to participate in his family life and recreational activities. Per medical notes dated 06/20/14, patient complains of right elbow pain rated at 6/10. Pain is characterized as aching and burning, it radiates to right forearm. It is aggravated by any activity or movement, carrying and doing excessive work. Examination of right elbow revealed tenderness to palpation over lateral and medial epicondyle; phalen's sign and carpal tunnel compression is positive for right wrist; phalen's sign negative for left wrist. Provider is recommending 6 acupuncture treatments for left wrist pain. Patient hasn't had any long term symptomatic or functional relief with acupuncture care for his elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) acupuncture sessions for left wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand and wrist chapter, Acupuncture.

**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 for elbow pain. Provider is recommending acupuncture for the left wrist. Per ODG guidelines for hand/wrist-Acupuncture Not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control. Additionally there is lack of evidence that prior acupuncture care was of any functional benefit. Per review of evidence and guidelines, Six (6) acupuncture sessions for left wrist are not medically necessary and appropriate.