

<b>Case Number:</b>	CM14-0112633		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Board Certified in Family Practice 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 47 year old male who reported right elbow, right shoulder, right wrist, neck and low back pain from injury sustained on 01/16/13 due to cumulative trauma of prolonged use of right arm and intensive use of computer mouse. MRI of the lumbar spine revealed mild scoliosis curvature, mild facet arthropathy of the lumbar spine, 2mm disc bulge at L4-5 and transitional L5 vertebra. MRI of the right shoulder revealed tendinosis and peritendinitis of supraspinatus tendon, arthropathy of the acromioclavicular (AC) joint and lateral down sloping acromion. Patient is diagnosed with right lateral epicondylitis, possible carpal tunnel syndrome, chronic cervical spine sprain/strain, chronic lumbar spine sprain/strain and bilateral shoulder sprain/strain. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 06/11/14, patient complains of constant right index pain radiating up to the right shoulder on and off. He complains of constant neck pain with radiating bilateral shoulder pain mostly on the right; constant low back pain constantly radiating into left lower extremity. Patient also complains of right wrist and elbow pain. Examination revealed tenderness to palpation and decreased range of motion. Provider requested additional 12 acupuncture treatments for right wrist and elbow pain. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture sessions, 2 times 6 weeks, for the right wrist and elbow: 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/wrist and forearm), (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. The number of visits administered is unknown. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. Additional visits may be rendered if the patient has documented objective functional improvement. 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 or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Furthermore official disability guidelines do not recommend acupuncture for wrist pain. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.