

<b>Case Number:</b>	CM14-0020721		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	11/07/2008
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 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 60 year old female who reported elbow and wrist pain from injury sustained on 11/7/08 due to repetitive motion. EMG and NCV were negative. Patient was diagnosed with elbow pain, wrist pain and neuropathy of upper extremity. Patient was treated with medication, left tennis elbow repair surgery, left carpal tunnel repair surgery, chiropractic and acupuncture. Patient was seen for a total of 29-30 acupuncture visits. Per notes dated 1/16/14, patient presents with episodic left forearm and hand pain that is improved with monthly acupuncture. Pain is rated at 1/10. Examination revealed normal range of motion, strength and sensation. Primary treating physician requested 8 acupuncture visits which were denied. Per notes dated 4/11/14, patient has forearm and hand pain which is improved with acupuncture. She feels that acupuncture has decreased her medication usage and decreases her pain. Patient presents with upper extremity pain rated at 7/10 which is throbbing. Pain is episodic and fluctuates in intensity. Primary care is recommending additional 8 acupuncture sessions which were denied. Previous acupuncture progress notes were not included in the medical records for review. Patient continues to have pain and flare-ups. Patient has had extensive acupuncture treatments. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAPY: ACUPUNCTURE:** Upheld

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

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

**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 29-30 acupuncture treatments to date. Per notes dated 1/16/14, patient did not have any functional deficit which was documented as she continues to work full time and has normal range of motion, strength and sensation. Per notes dated 4/11/14, patient had a flare up which is episodic and fluctuates in intensity therefore does not necessitate additional 8 acupuncture sessions. Furthermore requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.