

<b>Case Number:</b>	CM14-0033872		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 licensed in Chiropractic, has a subspecialty 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:

The patient is a 57 year old male with a date of injury of 8/25/2003. According to the progress report dated 2/18/2014, the patient complained of left elbow and left knee pain. The patient states that it is livable but does not know that it is any worse than it was previously. The patient reports that his elbow pain is much more problematic. Significant objective findings include tenderness over the lateral and medial side of the elbow, pain with gripping, and full range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 1-2 X A MONTH X 1 YEAR LEFT ELBOW #24:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had prior acupuncture treatment. The patient feels that acupuncture is the only thing that helps and do not wish to consider surgical treatments. There is no significant objective documentation of functional improvement from past acupuncture treatments. Therefore, the

provider's request for 1-2 acupuncture sessions per month for 12 months #24 is not medically necessary at this time.