

<b>Case Number:</b>	CM14-0072461		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 26 year old female who reported neck, shoulder, and elbow and wrist pain from injury sustained on 01/11/13 while doing a facial treatment and massaging a client's face. MRI of the cervical spine revealed disruption of cervical lordosis with associated minimal cervicothoracic scoliosis and disc desiccation at C2-3 to C6-7. EMG /NCV studies were positive for left carpal tunnel syndrome. Patient is diagnosed with cervical strain, shoulder strain, lateral epicondylitis, bilateral wrist strain, left carpal tunnel syndrome and cubital tunnel syndrome. Patient has been treated with medication, therapy and acupuncture. Per acupuncture progress notes dated 11/01/13, patient complains of neck and arm pain; pain level is 6/10. Per acupuncture progress notes dated 11/13/13, patient complains of neck and arm pain with no changes; pain is rated at 5-6/10. Per acupuncture progress notes dated 11/16/13, patient complains of neck and arm pain with no change; pain is rated at 6/10. Per medical notes dated 03/19/14, patient complains of intermittent moderate pain in the neck, radiating to her arms. Pain is rated at 8/10. Patient complains of arms and elbow pain radiating to her hands rated at 8/10. She also complains of bilateral hand and wrist pain which is intermittent moderate pain rated at 9/10. Examination revealed increased tone with associated tenderness about the levator scap and trapezius muscles; mild tenderness over the left epicondyle. Provider is requesting 2X4 acupuncture treatments for the left elbow and left wrist. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 X 4 left elbow and left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 prior acupuncture treatment. Patient has had prior acupuncture for her neck and arm without any benefit. Provider is requesting 2 times 4 acupuncture visits for the left elbow and left wrist. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. 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. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for hand, wrist and forearm pain. Per review of evidence and guidelines, 2 times 4 acupuncture treatments are not medically necessary.