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| Case Number: | CM14-0073541 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 04/16/2013 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 04/17/2014 |
| Priority: | Standard | Application Received: | 05/20/2014 |

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 Services, 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 70-year-old male with a date of injury of 4/16/2013. According to the progress report dated 4/4/2014, the patient complained of right elbow pain. The pain was rated at 5/10. Significant objective findings include tenderness over the medial and lateral epicondyle, full range of motion in the bilateral elbows, no tenderness over radial head, no instability to varus or valgus stress test, and Tinel's sign was negative medially in the elbow. The patient was diagnosed with medial epicondylitis and lateral epicondylitis of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions, 2x/wk for 3 weeks, right shoulder and upper arm: 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 recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatment may be extended if functional improvement is documented as defined in section 9792.20(f). The patient's histories indicate that the patient completed at least 6 acupuncture sessions. The provider stated

that acupuncture was helpful and the patient was authorized an additional 3 out of the 6-requested acupuncture sessions. The records indicated that the patient completed 1 of the 3 authorized visits. However, there was no documentation of objective functional improvement with that session, and without documentation of functional improvement from the second course of acupuncture treatment, additional acupuncture is not medically necessary. Therefore, the provider's request for 6 additional acupuncture sessions to the right shoulder and upper arm is not medically necessary at this time.