

<b>Case Number:</b>	CM14-0078429		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 40 year old male who sustained an industrial injury on 6/19/2012. When pulling a recliner, the experienced pain in the right elbow. He was diagnosed with right lateral epicondylitis. He is status post right common extensor release in March 2013. Treatment has included injection and 6 weeks of acupuncture. The right upper extremity EMG/NCV on 12/30/2013 was normal with no positive findings. According to the 1/22/2014 progress report, the patient complained of worse right elbow pain. Right Cozen's is positive, lateral right and left elbow tender to palpation and well-healed scar over the lateral aspect of the right elbow is noted on examination. Impressions are right lateral epicondylitis, status post common extensor tendon release and left lateral epicondylitis form compensating right elbow. Treatment plan is to complete acupuncture treatment that was authorized, continue medications, and follow up in 4 weeks. Work status is TTD. Release to modified duty would be considered after completion of acupuncture treatment. According to the 3/5/2014 progress report, the patient was given an elbow injection, which did not help. He has had 6 weeks of acupuncture treatment with some improvement in symptoms. Examination findings are unchanged from 1/22/2014 - Cozen's test positive on the right, lateral right and left elbow tender to palpation and well-healed scar over the lateral aspect of the right elbow. Because of ongoing pain and failure to respond to injection, authorization for right elbow MRI is requested. Work status remains TTD. The 4/16/2014 progress report documents there have been no significant improvement since the last exam. Patient takes medications as prescribed. Examination findings are unchanged. Request is for continuing acupuncture 3 times a week for 4 weeks for the right elbow. Work status remains TTD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Acupuncture to the right elbow 3-4 weeks: Upheld**

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

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

**Decision rationale:** The guidelines state "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The patient has undergone acupuncture for at least 6 weeks. Per the guidelines, the patient has already completed the optimum duration of acupuncture treatment. Acupuncture treatments may be extended if functional improvement is documented. However, the medical records fail to establish the patient has obtained any benefit from rendered acupuncture. The medical records document no change in objective findings, there has been no reduction in pain level/medication use, or improved function, the patient remains on TTD work status. In the absence of any discernible objective functional improvement with prior acupuncture treatment, additional acupuncture is not medically indicated. The medical necessity for the requested acupuncture has not been established. The request is non-certified.