

<b>Case Number:</b>	CM14-0179951		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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:

This is a 32 y/o female patient with right shoulder-elbow-hand pain complains. Diagnoses included carpal tunnel syndrome, and upper extremity strain. Previous treatments included: oral medication, injections and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial x8 was made on 09-24-14 by the PTP. The requested care was denied on 10-08-14 by the UR reviewer. The reviewer rationale was "acupuncture x8 is not medically and necessary upon the normal objective examination findings documented by the physician".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 acupuncture sessions for the right elbow for submitted diagnosis of muscular tenderness, myofascial pain, strain/sprain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3- 6 treatments. The same guidelines could support additional acupuncture for medical necessity "if functional improvement is documented as either a clinically significant

improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient condition at the time of the request was described as mild symptoms complains at worse with no functional-ADLs-motor deficits to be addressed by the acupuncture sought, were reported. As the goals for acupuncture are unclear, the care is not supported as reasonable, medically and necessary. In addition, the number of sessions requested (8 sessions) exceeds the guidelines without a medical reasoning to support such request. Therefore, and based on the previously mentioned, the acupuncture x8 is not supported for medical necessity.