

<b>Case Number:</b>	CM14-0191697		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	12/19/2001
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 is a 58 year old female who reported right elbow pain from injury sustained on 12/19/01. Mechanism of injury was not documented in the provided medical records. MRI of the right elbow revealed partial thickness undersurface tear at common extensor tendon and small joint effusion. Patient is diagnosed with right lateral and medial epicondylitis; status post bilateral carpal tunnel release; status post left 4th trigger finger release; cervical spine sprain/strain with disc protrusion. Per medical notes dated 10/23/14, the pain is the same, no change. Medications are helpful. Pain is located on both sides of the elbow, increases with activity. Pain is rated at 7/10 and described as moderate, constant, dull with weakness. Examination revealed tenderness to palpation at the medial and lateral epicondyle. Provider requested initial trial of 2X5 acupuncture treatments which were modified to 3 by the utilization review on 11/6/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the right elbow two times a weeks for five weeks (10 sessions): Upheld**

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

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

**Decision rationale:** Per MTUS-Section Acupuncture Medical treatment Guidelines

"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 not had prior Acupuncture treatment. Provider requested initial trial of 2 times 5 acupuncture treatments which were modified to 3 by the utilization review on 11/6/14. According to MTUS guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Per guidelines and review of evidence, 2 times 5 Acupuncture visits are not medically necessary.