

<b>Case Number:</b>	CM15-0147588		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

### 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 52-year-old female, who sustained an industrial injury on 5-21-2013. Diagnoses have included carpal tunnel syndrome and medial epicondylitis. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), right wrist nerve block, acupuncture and medication. According to the progress report dated 6-4-2015, the injured worker reported less pain in the neck, right shoulder and right hand. She had completed six acupuncture visits. She noticed an improvement in pain, but her pain and numbness had started to return to the elbow area. She rated her average pain as 4/10. She described the pain as sharp, throbbing and electric like in the right shoulder, neck, right elbow and bilateral wrists. Exam of the bilateral elbows revealed tenderness to palpation over the medial epicondyle. There was tenderness to palpation over the radial and ulnar aspects of the wrist. There was positive Tinel's and Phalen's sign bilaterally. Authorization was requested for additional acupuncture for the right hand and elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture right hand and right elbow Qty 6: Upheld**

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

**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 to 6 treatments. The same guidelines read extension of acupuncture care could be supported 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." Six prior acupuncture sessions were rendered with reported temporary reduction in symptoms, but no objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the guidelines criteria for medical necessity.