

<b>Case Number:</b>	CM15-0148284		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Chiropractor, 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 41-year-old female, who sustained an industrial injury on 7-25-2013. She reported forceful twisting of her forearm while hanging a cutting board. The injured worker was diagnosed as having left elbow sprain-strain, left wrist sprain-strain, lateral epicondylitis, brachial neuritis, and myalgia-myositis of the cervical spine. Treatment to date has included diagnostics, cortisone injections, modified work, chiropractic, platelet rich plasma injections, and physical therapy. Currently, the injured worker complains of worsening condition. She reported pain level as 8 out of 10 for the cervical spine and 9 out of 10 for the left elbow and wrist. Exam noted swelling along the left wrist and lateral forearm, guarded range of motion of the left elbow, and numbness at C5 and C6, and well into the left digits, along with tenderness to palpation. Current medication regimen was not noted. The treatment plan included acupuncture x6 sessions to the left elbow, wrist, and cervical spine. Physical therapy was also recommended. Work status was total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 6 sessions Left Elbow/Wrist, Cervical Spine:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions for left elbow/wrist and cervical spine which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.