

<b>Case Number:</b>	CM15-0182186		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 31 year old female, who sustained an industrial injury on 3-28-2014. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include right shoulder internal derangement, left shoulder strain, bilateral elbow strain, and bilateral carpal tunnel syndrome. Treatments to date include medication therapy, physical therapy, shockwave therapy, and therapeutic injection. Currently, she complained of ongoing pain in bilateral wrists and elbows. She reported new low back pain for approximately one week. Previous acupuncture treatments were noted to "help with pain and increased mobility", with the last acupuncture treatment one week prior. On 8-5-15, the physical examination documented no abnormal physical findings. The appeal requested authorization of twelve (12) acupuncture treatment sessions twice a week for six weeks and a Pain Management follow-up. The Utilization Review dated 8-31-15, denied the requests citing the California MTUS, ACOEM, and ODG Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 12 visits to the left and right upper arm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The claimant sustained a work injury in March 2014 and is being treated for bilateral wrist and elbow pain. When seen, she was having constant right elbow pain. She had noted low back pain for about one week without identified cause. She reported that acupuncture treatments had helped her in the past. These had last been provided one month before. Physical examination findings were that of intact sensation. Authorization for 12 acupuncture treatments and for a pain management follow-up was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has recently had acupuncture treatments. The number of additional treatments requested is in excess of guideline recommendations. There is no adjunctive rehabilitation being planned. The requested acupuncture treatments were not medically necessary.

**Pain medicine follow up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 07/15/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in March 2014 and is being treated for bilateral wrist and elbow pain. When seen, she was having constant right elbow pain. She had noted low back pain for about one week without identified cause. She reported that acupuncture treatments had helped her in the past. These had last been provided one month before. Physical examination findings were that of intact sensation. Authorization for 12 acupuncture treatments and for a pain management follow-up was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic pain without identified new injury. She has low back pain for one week without identified reason or abnormal physical examination findings being recorded. The reason for the consultation including the issue to be clarified is not stated. A follow up with pain management is not medically necessary.