

<b>Case Number:</b>	CM15-0059195		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/22/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/29/2015

### 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 63 year old female, who sustained an industrial injury on September 22, 2012. The injured worker was diagnosed as having traumatic lateral epicondylitis of the left elbow with partial common extensor tendon tear based on MRI reports, right elbow lateral epicondylitis compensatory with partial extensor tendon tear based on MRI from 2013, left shoulder strain with acromioclavicular joint arthritis and large inferior osteophyte as denied body part, chronic neck pain with C5-C6 degenerative disc disease, and claustrophobia. Treatment to date has included MRI, acupuncture, cortisone injection, and medication. Currently, the injured worker complains of right elbow pain that radiates to the neck, shoulder, elbow, arm, hand, and fingers. The Primary Treating Physician's report dated February 23, 2015, noted the injured worker reported a decrease in the level of function during activities. The injured worker's medications were listed as Flexeril and Naprosyn. Physical examination was noted to show tenderness, right worse than left, mid cervical spine, and tenderness of the bilateral elbows. The Physician noted the injured worker had responded to acupuncture treatments, therefore requested extension of the acupuncture treatments times six.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional Acupuncture Sessions to the Right Elbow (2x3): 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 number of acupuncture sessions to produce functional improvement is 3-6 treatments also states that 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. The patient already underwent six acupuncture sessions in the past without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.