

<b>Case Number:</b>	CM15-0083434		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: 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 59 year old female, who sustained an industrial injury on 10-8-14. She has reported initial complaints of neck, right shoulder and bilateral hand pain. The diagnoses have included cervical sprain and strain with degenerative disc disease (DDD), left and right shoulder sprain and strain with acromioclavicular joint (AC) osteoarthritis, right elbow lateral epicondylitis, left and right hand joint pain, and lumbar spine strain and sprain with degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, work modifications, physical therapy, injections, and other modalities. Currently, as per the physician progress note dated 3-19-15, the injured worker complains of constant neck pain, limited range of motion with pain increased with movement. She complains of bilateral shoulder pain with numbness and tingling in the arms and hands. There is low back pain with limited range of motion that radiates to the right buttock and thigh area. The objective findings-physical exam reveals tenderness over the left upper trapezius. There is limited range of motion with pain and muscle spasm over the left paracervical musculature. The shoulders reveal tenderness over the left shoulder with limited and painful range of motion. The bilateral elbows reveal cubital valgus bilateral to 15 degrees on the right and 10 degrees on the left. There is tenderness over the right lateral epicondyle. There is pain with resisted wrist dorsiflexion. The wrists and hands reveal pain over the first web space bilaterally and over the metaphalangeal joint of the left index finger. The thoracolumbar spine exam reveals muscle spasm in the paralumbar musculature, range of motion is limited and painful and 3+ pitting edema in both legs. There is previous

physical therapy sessions noted. The physician requested treatment included 12 Acupuncture sessions for the right elbow once a week for 12 weeks as an outpatient.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**12 Acupuncture sessions for the right elbow, once a week for 12 weeks as an outpatient:**

Upheld

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

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

**Decision rationale:** Based on the records reviewed, acupuncture care was requested on several occasions, but it is unclear whether any visits were performed. The current request is for 12 visits. Assuming that the patient did not have prior acupuncture and continued symptomatic despite previous care, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested a 12 acupuncture sessions trial, which is exceeding the number recommended by the guidelines without current extenuating circumstances documented, the request is seen as excessive, and is not medically necessary.