

<b>Case Number:</b>	CM14-0210449		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 50 year old female who reported left elbow, left hand, and left wrist pain from injury sustained on 10/19/12. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with elbow sprain/strain, wrist sprain/strain, and hand sprain/strain. Patient has been treated with medication, physical therapy, and acupuncture. Per medical notes dated 11/04/14, patient complains of left shoulder pain which is rated at 6/10. Pain is intermittent and is described as burning and throbbing. Patient also complains of left hand/wrist pain rated at 7/10, pain is constant and dull. She complains of left elbow pain which is rated at 8/10 which is also constant. Pain is alleviated with medication. Patient has had prior acupuncture treatment. Provider requested additional 2X6 acupuncture treatments for left elbow, left hand, and left wrist pain which was non-certified by the utilization review on 11/12/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks for left elbow, left hand, and left wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand/wrist and forearm, Acupuncture

**Decision rationale:** Per MTUS Section 9792.24.1 Acupuncture Medical Treatment Guidelines page 8-9, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented."The patient has had prior acupuncture treatment. The provider requested additional 12 acupuncture treatments for left elbow, left hand, and left wrist pain which was non-certified by the utilization review on 11/12/14. Requested visits exceed the quantity supported by cited guidelines. Additionally Official Disability Guidelines do not recommend acupuncture for hand/wrist or forearm pain. 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, 12 acupuncture treatments are not medically necessary.