

<b>Case Number:</b>	CM15-0019261		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 35 year old female, who sustained an industrial injury reported on 10/18/2011. She has reported pain to the left elbow and bilateral hand and wrists, left > right. The diagnoses were noted to have included ulnar neuropathy; and wrist and elbow pain with surgery; left elbow surgery; and right hand and left wrist strain/sprain. Treatments to date have included consultations; diagnostic imaging studies; electromyogram and nerve conduction studies; a custom wrist splint; physical therapy; ice; crutches; walking boot; post-operative physical therapy; elbow strap; digit splint; compression sleeve; percutaneous electrical nerve stimulation; left forearm trigger point injection therapy (4/11/14); left knee cortisone injection (6/26/14); right de Quervain's release (4/21/09); left elbow cubital tunnel release and ulnar neurolysis (11/6/12); tensvaginotomy; and medication management that. The most current work status classification, post the 12/2014 surgery, for this injured worker (IW) was not noted to be off work x 5 weeks, as of 1/6/15. On 1/16/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/12/2015, for additional acupuncture, 2 x a week x 6 weeks (total of 12), for the left elbow and bilateral wrists. The Medical Treatment Utilization Schedule, chronic pain physical medicine guidelines, acupuncture medical treatment guidelines, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture Visits (Twice Weekly for 6 Weeks): Upheld**

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had extensive prior acupuncture and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.