

<b>Case Number:</b>	CM15-0120384		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 (IW) is a 48-year-old female who sustained an industrial injury on 05/21/2014. Diagnoses include right elbow sprain/strain and possible lateral epicondylitis, right elbow. Treatment to date has included medications, physical therapy, steroid injections and activity modification. According to the orthopedic evaluation dated 5/11/15, the IW reported constant pain and stiffness in her right elbow and arm, with weakness in the right upper extremity; also, she had pain extending to her neck and pain in the left thumb. On examination, the lateral epicondylar ridge and arcade of Frohse region on the right were tender to palpation. Range of motion was decreased in the elbow and there was weakness and pain with resisted extension of the right wrist. There were no neurovascular deficits in the upper extremities, bilaterally. Grip strength on the right was 0/0/0 kilograms and 25/24/25 kilograms on the left. MRI of the right elbow on 2/24/15 showed moderate grade partial tear of the common extensor tendon at the lateral epicondyle origin on a background of tendinosis and minimal osteoarthritis of the ulnotrochlear joint. A request was made for acupuncture twice weekly for six weeks for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two times six for the right elbow: Upheld**

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

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

**Decision rationale:** The claimant sustained a work injury in May 2014 and continues to be treated for right elbow pain. When seen, she was having constant right elbow pain, stiffness, and right upper extremity weakness. She was also having neck and left thumb pain. There was tenderness over the lateral epicondyle and arcade of Frohse and pain and weakness with resisted wrist extension. There was decreased elbow range of motion. Prior treatments have included physical therapy, medications, and injections. 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. In this case, the number of treatments is in excess of guideline recommendations and no adjunctive treatment was being planned. The request was not medically necessary.