

<b>Case Number:</b>	CM15-0127016		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	02/16/2015
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 injured worker is a 51 year old male who sustained an industrial injury on 2/16/15 when he felt a cracking sensation with pain on the right elbow in a lifting incident. He currently complains of moderate right shoulder pain; radiating pain from elbow to left shoulder. On physical exam of right elbow, there was tenderness on palpation about the medial and lateral epicondyle, positive Tinel's over the cubital tunnel and restricted range of motion due to pain; right wrist reveals decreased grip strength. Medications were Voltaren Gel, Norco, ibuprofen, naproxen, Tramadol, Lidocaine patch and omeprazole. Diagnoses include right elbow medial and lateral epicondylitis; right forearm strain; rule out cubital tunnel syndrome. Treatments to date include pain medication; physical therapy with slower than expected progress (per 2/26/15 note); home exercise program. Diagnostics include x-rays were normal (no date or specific area). In the progress note dated 5/1/15 the treating provider's plan of care includes a request for acupuncture twice per week for four weeks for right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment 2x4 right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Provider requested initial trial of 8 acupuncture sessions which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.