

<b>Case Number:</b>	CM15-0093801		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/19/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 43-year-old female, who sustained an industrial injury on July 19, 2014. She reported that while cleaning a guest bathroom she struck her elbow forcefully against the doorframe of the bathroom, feeling immediate pain in her elbow with swelling. The injured worker was diagnosed as having right elbow enthesopathy, right elbow contusion, right elbow sprain, and unspecified anxiety. Treatment to date has included a MRI, physical therapy, x-rays, cortisone injection, acupuncture, and medication. Currently, the injured worker complains of continuous right elbow pain with pain radiating to the right wrist/hand up to the right shoulder and cervical spine, and right hand pain and wrist pain radiating from the right elbow. The Primary Treating Physician's report dated April 3, 2015, noted the injured worker reported her pain level throughout the day as an 8/10 at the lowest level of pain and 10/10 the maximum level of pain, causing discomfort with daily chores and decreased range of motion (ROM). The injured worker was noted to experience anxiety, depression, insomnia, nervousness, and frustration resulting from work-related trauma and stress. The injured worker's current medications were listed as Naproxen, Alprazolam, Omeprazole, Tramadol, and Ibuprofen. Physical examination was noted to show slight tenderness to palpation over the lateral epicondyle region of the right elbow, with pain with supination and pronation of the right forearm suggesting positive Cozen's sign. The treatment plan was noted to include requests for authorization for a course of acupuncture care for the right elbow, a psychiatrist consultation, an orthopedic consultation, a right elbow brace, and prescribed medications including Ibuprofen,

Tramadol ER, Naproxen Sodium, Pantoprazole Sodium, Gabapentin, Amitriptyline, and a compound cream.

### **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 right elbow:** Upheld

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self-care amongst others), 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 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not medically necessary.