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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/24/2013

IMR Case Number:	CM13-0012081	**Date of Injury:**	01/31/2011
Claims Number:	[redacted]	**UR Denial Date:**	07/29/2013
Priority:	Standard	**Application Received:**	08/16/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:	Acupuncture times twelve (12) for the right shoulder and right knee and a 3 month gym membership		

DEAR Ms. [redacted],

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32 YO, F with a 1/31/11 injury involving multiple body regions from a fall. The 7/11/13 report from Dr. [redacted] notes she is doing well overall and has minimal pain in the right shoulder and intermittent pain in the knee. He refers to a recent pain management evaluation and states the physician suggested acupuncture and a gym membership. There is a 7/10/13 report from Dr. [redacted], who stated future medical should be evidence-based. Dr [redacted] the suggests exercise if the patient is willing to participate in a gym exercise program and a trial of acupuncture, chiropractic and TENS.

IMR DECISION(S) AND RATIONALE(S)

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

1. The request for acupuncture two times a week for six weeks, #12 sessions for the right shoulder and right knee is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines, which is part of the MTUS, and ODG, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:
The MTUS/Acupuncture treatment guidelines apply to the right knee and the MTUS Chronic pain guidelines for acupuncture would apply to the shoulder, but this section of MTUS refers the readers to the MTUS/Acupuncture guidelines. The MTUS/Acupuncture guidelines state there should be some sign of functional improvement in the first 3-6 sessions. It states if there is

documentation of improvement, the acupuncture treatment can be extended. The initial request for 12 sessions of acupuncture will exceed the MTUS recommendations for the initial 3-6 sessions to document improvement.

2. The request for gym membership, times 3 months is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines, which is part of the MTUS, and ODG, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Exercise, pgs., 46-47, which is part of the MTUS and Official Disability Guidelines (ODG), Knee chapter, for gym memberships, which is not part of the MTUS

The Physician Reviewer's decision rationale:
The Gym Membership is not discussed in MTUS and is specifically addressed in ODG guidelines. ODG supports the gym membership if the home exercise program has not been effective and there is need for equipment and it is monitored by medical professionals. The 7/11/13 report from Dr. [redacted] does not discuss an ineffective home exercise program (HEP), or need for equipment. MTUS states "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." The request for the gym membership is not in accordance with ODG guidelines.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[redacted]

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