

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/12/2013**

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/17/2013 |
| Date of Injury: | 4/13/2011 |
| IMR Application Received: | 7/26/2013 |
| MAXIMUS Case Number: | CM13-0003701 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture to the right shoulder/neck one time a week for six weeks** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture to the right shoulder/neck one time a week for six weeks** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The employee has a date of injury of 04/13/2011, with history of neck, right shoulder and right upper extremity pain. Clinical records indicate medications and treatments include Dendracin, Ibuprofen, ergonomic evaluation, and completion of 3-4 physical therapy sessions.

Documents Reviewed for Determination:

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)

- 1) **Regarding the request for acupuncture to the right shoulder/neck one time a week for six weeks :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS and Evidence based medicine.

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

Rationale for the Decision:

The employee has a date of injury of 04/13/2011, with history of neck, right shoulder and right upper extremity pain. Clinical records indicate medications and treatments include Dendracin, Ibuprofen, ergonomic evaluation, and completion of 3-4 physical therapy sessions.

The guidance from 2009 MTUS sections 9792.20 and 9792.23.4 together convey that "Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20, "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, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. "

I will note that the 7/17/13 Utilization Review conveyed the reason for non-certification as "the functional improvement with the acupuncture treatment is unknown. This would be needed information to determine the medical necessity for continued acupuncture treatment."

According to MTUS, medical necessity for extended treatments cannot be substantiated until there is documentation of functional improvement as defined above. **The request for acupuncture to the right shoulder/neck one time a week for six weeks is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/skf

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.