

Case Number:	CM13-0018831		
Date Assigned:	10/11/2013	Date of Injury:	06/08/2010
Decision Date:	01/03/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/30/2013

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 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.

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 underlying date of injury in this case is 06/08/2010. The reference treating diagnosis is a tear of the medial meniscus of the knee. This patient sustained an injury to his neck, low back, and right knee. Treatment has included injections to his left knee. Electrodiagnostic studies have been normal in the upper and lower extremities. The patient also has been treated with previous acupuncture for an unknown period of time. An initial physician reviewer recommended non-certification of acupuncture given no findings of progressive deficits supporting the need for further acupuncture. Pain management consultation was non-certified given the lack of specifics about the need for the referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatments cervical, lumbar, right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, section 24.1, states "Acupuncture treatments may be extended if functional improvement is documented as defined in section 92.20." The medical records do not contain such documentation regarding the benefit of past acupuncture. The guidelines have not been met.

