

Case Number:	CM13-0064684		
Date Assigned:	01/03/2014	Date of Injury:	11/01/2012
Decision Date:	04/18/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert reviewer is Board Certified in Occupational 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, hip, and low back pain reportedly associated with an industrial injury of November 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of November 19, 2013, the claims administrator denied a request for 12 sessions of acupuncture, stating that the applicant should first make a decision as to whether to pursue a surgical remedy for the knee or not before acupuncture is considered. On December 13, 2013, the applicant presented reporting persistent knee pain. A positive McMurray's maneuver was noted. The applicant was asked to pursue a left knee arthroscopy. A 12-session course of acupuncture was endorsed while the applicant was asked to remain off of work, on total temporary disability. In an earlier note of October 25, 2013, the attending provider again sought authorization for 12 sessions of acupuncture and left knee arthroscopy while keeping the applicant off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the earlier utilization review report and attending provider's own comments, it appears that a 12-session course of acupuncture was sought. This is, however, well in excess of the "three to six treatments" deemed necessary to produce functional improvement following introduction of acupuncture in MTUS 9792.24.1c1. Thus, the 12 session course of treatment does not conform to MTUS. Accordingly, the request is not certified, on independent medical review.