MAXIMUS Federal Services

Case Number:	CM13-0069848		
Date Assigned:	01/03/2014	Date of Injury:	01/27/2010
Decision Date:	06/05/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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 Acupuncture, and is licensed to practice in New York. 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 male, employed by [redacted] who has filed a claim for bilateral knee injuries occurred on January 27, 2010. In addition to the injury, the applicant currently complains of plantar fasciitis, chronic pain due to degenerative lumbosacral disc disease and thoracic-lumbosacral neuritis and radiculitis. Since this incident, the applicant has had Xrays, seen an orthopedist, had bilateral arthroscopy surgery of both knees, the left in 2011 and the right in 2012, seen an acupuncturist, had bilateral Synvisc One injections in both knees (6 months of relief-awaiting approval for another), epidural injections in the lumbar spine and EMG (electromyography) and NCV (nerve conduction velocity) studies positive for L5 radiculopathy. Before November 27, 2013, date of the utilization review determination, the applicant had received acupuncture as a course of treatment without documented results. The claims administrator of this report did not find it reasonable for the applicant to receive additional acupuncture therapy and did not certify such noting these visits exceed California guidelines, and the applicant has not shown any functional improvement consistent with measurable goals according to CA MTUS definition.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNTURE X 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evidently the applicant has had prior acupuncture care without any real benefit or evidence of functional improvement. As noted in Acupuncture Medical Treatment Guidelines, acupuncture treatments may be extended if functional improvement as defined in the guidelines exists and is documented. The request for eight sessions of acupunture is not medically necessry or appropriate.