MAXIMUS Federal Services

Case Number:	CM14-0114416		
Date Assigned:	08/04/2014	Date of Injury:	04/28/2006
Decision Date:	09/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/22/2014

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 Orthopedic Surgery 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 injured worker is a 51 year-old female who was reportedly injured on April 28, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 11, 2014, indicates that there are ongoing complaints of neck and bilateral knee pain. The injured employee tolerates the medications well. The physical examination demonstrated a moderately obese individual who does not appear to be in acute distress. Lumbar spine range of motion is restricted, there is tenderness to palpation and tenderness over the sacroiliac joint. There is a limitation of the bilateral knees, secondary to pain, and an extension leg is noted. Diagnostic imaging studies were not reviewed. Previous treatment includes a right total knee arthroplasty in 2010 and a left knee totally arthroplasty in 2012. A request was made for additional acupuncture and was not certified in the pre-authorization process on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Acupuncture Therapy Visits for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Page(s): 13 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13 of 127.

Decision rationale: The records reflect that the injured employee is awaiting approval on epidural steroid injections, has completed aquatic therapy and there is no narrative presented for the indication of additional acupuncture. The efficacy of the acupuncture completed has not been established. Furthermore, the parameters for the frequency of acupuncture and the amount of acupuncture appear to have been exceeded. Therefore, the request is not medical necessity.