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| Case Number: | CM14-0124868 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 08/23/2013 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 07/10/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

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 a licensed Acupuncturist, has a subspecialty in Addiction Detoxification, 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 female employee who has filed an industrial claim for a lumbar spine and bilateral knee injury that occurred on 8/23/13. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of lower back pain with bilateral knee pain. The treating physician requested twelve sessions of acupuncture to treat her pain and to reduce some of her symptoms. Pain aggravated with squatting. MRI imaging showed bilateral meniscal tears and lumbar spondylosis. The applicant current diagnosis consists of knee strain, lower knee pain, lumbar spine sprain/strain. Her treatment to date includes, but is not limited to, psychiatric evaluation and therapy for depression, physical therapy, chiropractic, acupuncture, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 7/10/14, the UR determination did not approve the twelve sessions of acupuncture based upon a lack of subjective and objective response to the prior unspecified number of acupuncture treatments indicating "functional improvement", as defined by MTUS. Therefore, the advisor recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (quantity unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of at least six visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. Therefore, based on the lack of functional improvement, as defined by MTUS, these additional twelve sessions of acupuncture therapy are not medically necessary.