

Case Number:	CM14-0020108		
Date Assigned:	04/25/2014	Date of Injury:	09/29/2010
Decision Date:	07/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 Acupuncture, 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, employed by [REDACTED] for 30-years as a police officer, who has filed a claim for an industrial injury affecting her lumbar spine, bilateral lower extremities including her left knee. Since this incident on 9/29/10, the applicant underwent care with an orthopedist, pain medication and anti-inflammatory, oral and topical, multiple MRI's obtained and previous acupuncture treatments. On 2/5/14, date of the utilization review determination, the claims administrator denied acupuncture therapy stating no clinical data confirming functional deficits with applicants left knee, only of her back. In addition, based on MTUS guidelines, this request exceeds the recommendations of 3-6 visits to receive functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X8 VISITS TO THE LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Upon review of this request, functional deficits regarding the applicants left knee is not documented. Additionally, this request of eight visits exceeds, the recommended 3-6

visits to result in functional improvement as noted in Acupuncture Medical Treatment Guidelines 9792.24.1. Therefore, the (8) visits acupuncture therapy is not medically necessary.