

Case Number:	CM14-0020384		
Date Assigned:	04/25/2014	Date of Injury:	05/10/2001
Decision Date:	07/07/2014	UR Denial Date:	01/23/2014
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 licensed 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], as a field worker who has filed a claim for an industrial injury to her lower back and bilateral knees. The mechanism of injury is due to the applicant tripping and falling on unstable ground. Since this incident in 5/10/01 over thirteen years ago, the applicant has had surgical intervention to both her knees, current and past pain management with opiates and anti-inflammatories, and recently at least 40 visits of physical therapy, steroid injections in her left knee, and home exercises consisting of stretching, leg lifts, etc. Throughout the years, X-rays were obtained and currently another request for follow-up is submitted. As of 1/23/14, date of the utilization review determination, it is unknown if the applicant has had any acupuncture as a course of treatment. The claims administrator denies this request stating such and he/she was unable to get verification.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TO THE LUMBAR SPINE AND BILATERAL KNEES, #6: Overturned

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: It is evident the applicant is still involved in physical rehabilitation and pain management with steroid injections and opiates. Additionally, the applicant had bilateral knee surgery and which, unfortunately did not provide much relief. Considering the above, it is reasonable to consider this a new request and as an initial course of acupuncture treatment. Based on MTUS, section 9792.24.1, acupuncture helps to reduce pain and inflammation, and can be used in adjunct with physical rehab or surgical intervention to hasten recovery, these six sessions of acupuncture for this applicant is medically necessary.