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| Case Number: | CM14-0070767 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 12/06/2012 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 05/01/2014 |
| Priority: | Standard | Application Received: | 05/16/2014 |

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 Internal Medicine 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 40 year old female who reported an injury to her neck, elbows, and wrists. After a thorough review of the medical records available, the mechanism of injury was not evident. The Utilization review dated 02/07/14 indicated the injured worker being approved for six sessions of acupuncture treatments. The clinical note dated 03/24/14 indicated the injured worker demonstrating 50 degrees of cervical flexion, 40 degrees of extension, 35 degrees of bilateral lateral flexion, and 80 degrees of bilateral rotation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF II (Interferential unit) and supplies purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential therapy Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114/121.

Decision rationale: The injured worker had long history of neck pain. Interferential unit is indicated for injured workers who have undergone successful trial. No information was submitted regarding previous trial of interferential unit. Therefore, it is unclear if the injured

worker would benefit from the proposed treatment. As such, it is the as such, this request is not indicated as medically necessary.

Acupuncture 2 times a week for 4 weeks to the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker previously underwent acupuncture treatments. However, no objective data was submitted for response to previously rendered treatment. Given this, the request is not indicated as medically necessary.