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| Case Number: | CM14-0194140 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 01/15/2013 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 10/20/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

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 Minnesota. 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 54-year-old female with a date of injury of 1/5/2013 involving the left knee. She underwent arthroscopic surgery and is undergoing physical therapy. Acupuncture is requested twice a week for 6 weeks. This was modified by utilization review to 6 sessions using California MTUS guidelines. The modification is appealed to IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 weeks for left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture guidelines indicate time to produce functional improvement is 3-6 treatments. The frequency and duration of acupuncture or acupuncture with electrical stimulation is 1-3 times per week with an optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The request as stated is for 2 treatments per week for 6 weeks for the left knee, a total of 12 treatments. The guidelines recommend an initial course of 3-6 treatments to produce functional improvement. With documentation of objective functional improvement a subsequent course of acupuncture

treatment may be prescribed within the above parameters. The request as stated exceeds the guidelines for the initial course of treatment and as such, the medical necessity of this request is not established.