

Case Number:	CM15-0044724		
Date Assigned:	03/17/2015	Date of Injury:	11/30/2007
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Oriental Medicine

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 59 year old male, who sustained an industrial injury on 11/30/2007. He reported a slip and fall, injuring the left knee and low back. The injured worker was diagnosed as status post lumbar laminectomy, left knee meniscectomy, internal knee derangement, lumbosacral neuritis/radiculitis and chronic pain syndrome. Treatment to date has included surgery, physical therapy and medication management. Currently, progress notes from the treating provider dated 1/23/2015 and 2/5/2015 indicates the injured worker reported bilateral knee pain and lumbar spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment quantity 24: 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: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on

the functional improvement(s) obtained/documentated with previous care. After prior acupuncture care was rendered in the past (reported as beneficial in symptom-medication reduction), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 24) exceeds the guidelines without a medical reasoning to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 24 is not supported for medical necessity.