

Case Number:	CM14-0117519		
Date Assigned:	08/06/2014	Date of Injury:	03/12/2014
Decision Date:	10/23/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, has a subspecialty in Pain 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 60 year old male whose date of injury is 03/12/2014. The mechanism of injury is described as a fall. Treatment to date includes physical therapy x 18 sessions, x-rays and medication management. Diagnoses are right knee sprain, right wrist sprain, left hand contusion and low back contusion. The injured worker underwent a right knee injection on 06/19/14. Note dated 07/02/14 indicates that his low back is stable. On physical examination left wrist and right knee range of motion is normal. Lumbar range of motion is normal. Straight leg raising is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for three weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture 2 times a week for 3 weeks is not recommended as medically necessary. There is no clear rationale provided to support the requested acupuncture. The body part/s to be treated is/are not

documented. There are no specific, time-limited treatment goals provided. Therefore, medical necessity is not established in accordance with CA MTUS Acupuncture Guidelines.

Transcutaneous Electrical Nerve Stimulator Unit (TENS) rental, for the lumbar spine.:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for transcutaneous electrical nerve stimulator unit rental for the lumbar spine is not recommended as medically necessary. The request is nonspecific and does not indicate the duration of rental being requested. There is no specific, time-limited treatment goals provided as required by CA MTUS guidelines. Therefore, medical necessity of the request is not established in accordance with CA MTUS guidelines.