

Case Number:	CM14-0214061		
Date Assigned:	12/31/2014	Date of Injury:	08/06/2014
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Chiropractor, 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 patient is a 27 year old male with a date of injury 6/6/2014. According to the progress report dated 12/2/2014, the patient complained of headaches and bilateral ear pain. The patient has slight antalgic gait and no does not use assistive device for balance and ambulation. Records indicate that the patient was suffering from ongoing left knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

electro acupuncture 2x6, infrared, myofascial release to the left knee and cervical spine x12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. Records indicate that the patient had prior

acupuncture care. However, there was no documentation of functional improvement from the prior acupuncture care. Therefore, based on the submitted documents and evidence-based guidelines, the provider's request for 12 additional acupuncture sessions is not medically necessary at this time.