

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0022835 | | |
| Date Assigned: | 02/12/2015 | Date of Injury: | 07/09/2013 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 01/15/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

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: Ohio

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:

Claim is a 43-year-old male sustained a work-related injury on 7/16/13. Previous treatment is included facet blocks, physical therapy, bracing, MRI, psychological consult, bilateral arthroscopic meniscectomy, medications, infrared, and work conditioning. PR2 dated 12/18/14 notes complaint cervical pain right shoulder pain, right wrist pain, and low back pain that increases with prolong sitting. Diagnoses include cervical sprain, thoracic sprain, right shoulder sprain, lumbar disc, right and left knee osteoarthritis. UR decision dated 1/14/15 noncertified 12 visits of acupuncture two times a week for six weeks post op bilateral knee. MTUS acupuncture medical treatment guidelines are cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture visits 2x6 post-op bilateral knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture medical treatment guidelines recommend initial trial of 3 to 6 treatments 1 to 3 times per week to produce functional improvement. There are no extenuating circumstances documented in the file presented substantiate the need to exceed guideline recommendations. Based on MTUS acupuncture medical treatment guidelines and the request for 12 acupuncture visits exceeding the recommendation of an initial trial of six visits, the request is not medically necessary.