

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/31/2013
Date of Injury:	5/11/2013
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010547

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture two times a week for twelve weeks on left foot/left ankle is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture two times a week for twelve weeks on left foot/left ankle** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Acupuncture, 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a 43-year-old female patient who injured her left foot-ankle in a job related accident (date of injury (DOI) 05-11-13). The complains continued as significant pain of the left foot-ankle, despite the medication, physical therapy, chiropractic, work restrictions and self care. The examination showed a reduced ROM of the ankle (report dated 07-13-13: 70% of normal, which was inconsistent with a previous report dated 05-29-13 that documented a normal range of motion (ROM) (?). The primary treating provider (PTP) request for acupuncture 2x12 was denied by the utilization review (UR) reviewer due to the lack of stated goals for the request and because it exceeded significantly the current guidelines.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for acupuncture two times a week for twelve weeks on left foot/left ankle:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

Rationale for the Decision:

The records submitted for review do not indicate that the employee has yet undergone an acupuncture trial. As the employee continued to be symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management would have been reasonable and supported by the MTUS Acupuncture guidelines. The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested an initial 24 sessions, which is significantly more than the number recommended by the guidelines without an explanation, the request is seen as excessive, therefore not supported for medical necessity. **The request for acupuncture two times a week for twelve weeks on left foot/ankle is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.