
Notice of Independent Medical Review Determination

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	3/4/2010
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003284

- 1) MAXIMUS Federal Services, Inc. has determined the request for 8 acupuncture sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 8 acupuncture sessions **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Doctor of Chiropractic who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Licensed in Chiropractic and 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

“The patient is a 65 year old female with a date of injury of 3/4/2010. The provider submits a prospective request for 8 acupuncture visits and 1 functional capacity evaluation for a patient diagnosed with right knee pain and patellar bursitis.

According to recent reporting, subjective findings include right knee pain rated 7/10, left knee pain rated 6/10, and the patient declines surgery. Objective findings include blood pressure of 133/74 mmHg, pulse 76, and tenderness of the knees, right greater than left, as well as the peripatellar region. The patient has received extra corporeal shockwave treatment, acupuncture, right knee arthroscopy on 9/26/2010, and medications; however, complaints continue.”

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 for Independent Medical Review (received 7/25/2013)
- Utilization Review Determination from [REDACTED] (dated 7/8/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule

1) Regarding the request for eight acupuncture sessions:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidenced based criteria for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer found Acupuncture Medical Treatment Guidelines (2009), pg .9, part of the Medical Treatment Utilization Schedule (MTUS) and the MTUS Section 9792.20(f), Functional improvement, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 3/4/2010. The medical records submitted and reviewed indicate treatments have included: extra corporeal shockwave treatment, acupuncture, right knee arthroscopy and medications. The records indicate the employee continues to experience bilateral knee pain. A request was submitted for eight acupuncture sessions.

MTUS guidelines indicate that additional acupuncture visits may be granted after an initial trial of 3-6 visits if there is evidence of objective functional improvement. The medical records provided for review note an initial trial of acupuncture began in April 2013 but there is no documentation indicating the number of sessions undertaken and there is no evidence of objective functional improvement derived from these visits. The request for eight acupuncture sessions **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;

Richard C. Weiss, MD, MPH, MMM, PMP
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.