

Case Number:	CM13-0014509		
Date Assigned:	10/03/2013	Date of Injury:	03/19/2011
Decision Date:	06/23/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/21/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 50 year-old male with a 3/09/2011 date of injury. He was injured when he was walking down a ramp of a truck when the ramp collapsed and he fell and twisted his right ankle. He has been diagnosed with headaches; s/p ORIF of the right ankle (12/9/2011) with residual pain; sleep disorder. According to the 6/28/13 orthopedic report from [REDACTED], the patient presents with 7/10 right ankle pain s/p ankle surgery, headaches, high blood pressure and difficulty sleeping. Right ankle exam shows well healed surgical incision. There is +2 edema at the mortise joint, decreased motion, positive anterior drawer, tenderness at medial and lateral malleolus. On 7/3/13, [REDACTED] recommends medications, acupuncture 3x6; and orthopedic consult for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3 TIMES PER WEEK FOR 6 WEEKS FOR THE RIGHT ANKLE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 6/28/13 orthopedic report from [REDACTED], the patient presents with 7/10 right ankle pain s/p ankle surgery, headaches, high blood pressure and difficulty sleeping. The ankle surgery was reported to be on 12/9/2011. This IMR review is for acupuncture 3x6 for the right ankle. The available records do not show evidence of prior acupuncture therapy. The MTUS Acupuncture guidelines state that there should be some functional improvement within the initial 3-6 sessions, and states that acupuncture treatments may be extended if functional improvement is documented. The initial request for acupuncture 3x6 will exceed the initial 6 sessions needed to document functional improvement. The request is not in accordance with the MTUS acupuncture treatment guidelines. The request is not medically necessary and appropriate.

ORTHOPEDIC SURGEON CONSULT FOR THE RIGHT ANKLE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), PAGE 127

Decision rationale: According to the 6/28/13 orthopedic report from [REDACTED], the patient presents with 7/10 right ankle pain s/p ankle surgery, headaches, high blood pressure and difficulty sleeping. The ankle surgery was reported to be on 12/9/2011. Currently the patient has 7/10 pain, that limits activity, and physical examination showed positive anterior drawer and posterior drawer testing and positive varus/valgus stress testing. There appears to be some instability at the ankle, and [REDACTED] would like another orthopedist to look at it. ACOEM states a referral can be made to other specialists " when the plan or course of care may benefit from additional expertise." The referral to an orthopedist for the foot problems appears to be in accordance with ACOEM guidelines. The request is medically necessary and appropriate.

OFFICE VISIT FOLLOW-UP IN 4 WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: AD RULES, §9785. REPORTING DUTIES OF THE PRIMARY TREATING PHYSICIAN

Decision rationale: According to the 6/28/13 orthopedic report from [REDACTED], the patient presents with 7/10 right ankle pain s/p ankle surgery, headaches, high blood pressure and difficulty sleeping. The IMR request is for office visit follow-up in 4-weeks. AD Rule §9785.(f)(8) requires follow-up reportin within 45 days. Also MTUS/ACOEM chapter 14 for ankle injuries recommends follow-up visits. The request for the PTP follow-up in 4-weeks is in

accordance with MTUS/ACOEM guidelines and required under AD Rule §9785.(f)(8). The request is medically necessary and appropriate.