

Case Number:	CM13-0028410		
Date Assigned:	11/27/2013	Date of Injury:	04/29/2011
Decision Date:	01/30/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 underlying date of injury in this case is 04/29/2011. An initial physician review noted that this patient was injured when a wheelchair ran over her left foot, causing severe pain and then eventually migrating to the lumbar spine. That report noted that this patient had not previously undergone acupuncture and therefore modified a request for 6 visits. That report noted that chiropractic was not supported for the feet and ankle and therefore recommended that this be noncertified. A recent qualified medical examiner supplemental report of 09/11/2013 clarifies that the patient was permanent and stationary from an orthopedic standpoint due had continuing symptoms of complex regional pain syndrome. A recent treating physician noted of 11/21/2013 notes that this patient has wrist pain, hand pain, ankle pain, and complex regional pain syndrome in the upper and lower extremities. That treating note states, "Please authorize acupuncture 12 sessions, chiropractic 12 sessions, physical therapy 12 sessions for all body parts--please clarify what body parts are covered."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 12 visits for bilateral feet/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines
Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The California Medical Treatment Utilization Schedule, Acupuncture Treatment Guidelines, Section 24.1, states, "Time to reduce functional improvement: 3-6 treatments." The current request, therefore, exceeds the treatment guidelines for initial acupuncture. The records do not provide an alternate rationale as an exception to these guidelines. Therefore, this request is not medically necessary.

Chiropractic, 12 visits for bilateral feet/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Manual Therapy and Manipulation, page 58, states, "Ankle & Foot: Not recommended." The treating physician notes are somewhat difficult to interpret in terms of understanding specifically what body parts this request was for if not for the feet/ankle. At this time, the records and guidelines do not clearly support an indication for this treatment. This request is not medically necessary.

Physical therapy, 12 visits for bilateral feet/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends, "Allow for fading of treatment frequency plus active self-directed home Physical Medicine." The medical records indicate that this patient previously was transitioned to an independent home rehabilitation program. The medical records suggest that there may be desire for physical therapy to address the complex regional pain syndrome which may not have been addressed previously. The specific goals and methods of treatment are not apparent, nor is it apparent how this treatment would differ from past physical therapy leading to an independent rehabilitation program. Therefore, at this time there is insufficient information to support this request. This request is not medically necessary.