

Case Number:	CM13-0048055		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2013
Decision Date:	07/21/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 43-year-old male who has submitted a claim for a right ankle sprain associated with an industrial injury date of 05/20/2013. The medical records from 06/06/2013 to 01/27/2014 were reviewed and showed that the patient complained of constant, sharp pain over the right ankle graded 6/10. A physical examination revealed tenderness over the right lateral malleolus and calcaneus to the proximal region. No edema was noted. There was pain noted at the terminal point of right ankle range of motion (ROM) and significant decrease of right ankle inversion and eversion. An MRI of the right ankle on 11/25/2013 was unremarkable. Treatment to date has included 12 completed visits of physical therapy, home exercise program (HEP), 8 completed visits of acupuncture, activity modification, controlled ankle motion (CAM) boot, crutches, Fexmid 7.5 mg #90, Anaprox 550 mg #60, .and Tramadol/L-carnitine 40/125mg #90. It is not clear if the requested acupuncture is intended to address the ankle or low back issues. The California MTUS and ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, as well as monitoring from the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE ACUPUNCTURE FOR THE RIGHT ANKLE ONE TIMES FOUR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation, and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement, 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient has not reported pain relief despite having completed 8 visits of right ankle acupuncture. Guideline criteria for continuing acupuncture care were not met. It is likewise unclear if the patient is actively participating in an exercise program, which is a required adjunct in acupuncture therapy. Therefore, the request for acupuncture for the right ankle is not medically necessary.