

Case Number:	CM13-0049062		
Date Assigned:	12/27/2013	Date of Injury:	10/11/2012
Decision Date:	07/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 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 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:

Claimant is a 55 year old male who sustained a work related injury on 10/11/2012. Prior treatment includes left ankle surgery, physical therapy, left peroneal tendon surgery, acupuncture, and oral medication. His diagnoses are MRI confirmed tear of lateral collateral ligaments, status post repair of peroneal longus tendon, chronic instability of the left ankle, painful gait, tendinitis, bursitis, capsulitis of the left foot, tear of medial meniscus, bursitis of left knee, left ankle sprain/strain, and myofascitis. Prior UR review documents that the claimant has completed at least 14 acupuncture sessions and reports subjective benefits. Per a Pr-2 dated 5/13/14, the claimant has significant symptomatology down the left ankle. It shows severe instability and difficulty weightbearing status persist. The claimant showed no interval improvement with gait and is being scheduled for surgery. The claimant is currently temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL SESSIONS OF ACUPUNCTURE FOR THE LEFT ANKLE AND KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had 14 prior acupuncture sessions; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. The provider is requesting six sessions of acupuncture post surgically. However, the claimant has had another surgery in January 2014 and the provider is scheduling another surgery per a report in May 2014. There is no documentation on the results of the surgery to document whether acupuncture would be medically necessary post-surgically for the claimant. Therefore further acupuncture is not medically necessary.