

<b>Case Number:</b>	CM13-0070815		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Family Practice, has a subspecialty in Pain Management, 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:

Claimant sustained a work-related injury on January 22, 2013 involving her left ankle. She was diagnosed with a left ankle strain and was using oral analgesics along with warm soaks in initial phase. She also used a wheelchair and a walker after the injury. She subsequently had an x-ray which showed a hairline fracture over the fibula. Ankle fracture was treated subsequently with a short leg cast on February 15, 2013. On March 14, 2013 the cast had been removed and there was noted 50% range of motion with some tenderness. Physical therapy was requested at the time. She received physical therapy three times a week for four weeks in April 2013. Due to persistent pain for several months she was determined to have chronic regional pain syndrome. The pain management evaluation on December 11, 2013 noted continued left ankle pain for the past year. Physical activity, movement, sitting, walking and standing all contribute increasing pain. Objective findings included reduced range of motion of the left ankle as well as dysesthesias. There was exquisite tenderness along the upper left ankle and Tinnel's sign was positive. The treating physician requested electroacupuncture for 18 sessions to improve autonomic balance, reduce pain and increase function. In addition 18 sessions of physiotherapy by a chiropractor was also recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12 on RFA VS 18 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual therapy and manipulation..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Medicine Page(s): 58-59.

**Decision rationale:** According to the guidelines, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement is 3-6 treatments; (2) Frequency is 1-3 times per week; and (3) Optimum duration is 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the number of sessions recommended is beyond the frequency and time length recommended by the guidelines. The 18 sessions of acupuncture is not medically necessary.

**Chiropractic x 12 on RFA VS 18 Physiotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Medicine Page(s): 58-59.

**Decision rationale:** Chiropractic is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Chiropractic is recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if return to work (RTW) is achieved then 1-2 visits every 4-6 months. Ankle & Foot: Chiropractic is not recommended. The guidelines do not support physiotherapy for ankle and foot related pain. As a result the 18 sessions of physiotherapy is not medically necessary.