

Case Number:	CM13-0071056		
Date Assigned:	01/08/2014	Date of Injury:	09/27/2013
Decision Date:	06/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 Acupuncture, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. 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 applicant is a female employee of the [REDACTED] who filed a "slip and fall" claim for a bilateral ankle internal derangement injury causing extreme pain in both ankles. As she fell, she braced herself with her right hand and injured her right arm, elbow, and wrist. Immediately following the incident, she went to the Emergency Room and was given ice and ibuprofen. She had x-rays taken, which were negative for fractures. Later, MRIs were taken of the bilateral ankles and right arm, which were positive for left ankle ligament tear, with a sprain injury and soft tissue swelling of the right ankle. The medical records provided for review do not indicate the applicant received other therapies to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3 TIMES A WEEK FOR 4 WEEKS=12 TOTAL FOR BILATERAL FEET AND RIGHT ARM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is evident that the applicant has ligament tears, sprains, and soft tissue swelling due to this slip and fall industrial injury. Her current course of treatment has not given

her improvement in functional improvement or benefit to her condition, so seeking alternate treatment with acupuncture may be appropriate. However, the request for twelve sessions exceeds the MTUS guidelines for an initial course of acupuncture to establish functional improvement in the applicant. As such, the request is not medically necessary.