

Case Number:	CM13-0071171		
Date Assigned:	05/14/2014	Date of Injury:	04/29/2011
Decision Date:	06/13/2014	UR Denial Date:	12/05/2013
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 a Licensed Chiropractor, 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 represented female, who has filed a claim for an industrial injury to her left foot causing, pain, swelling, and changes in sensations. This condition is currently spreading to the right foot as well with bilateral noticeable change in coloration foot. The mechanism of injury is unclear. Since this incident on 4/29/11, the applicant underwent care with an orthopedist, physical therapist, and an acupuncturist. Conservatively, she currently takes pain, sleep and anti-inflammatory medication. Before 12/5/13, date of the utilization review determination, the applicant had received acupuncture as a course of treatment, unfortunately without objective functional improvement documented or provided on peer- to- peer call. The claims administrator of this report did not find it reasonable for the applicant to receive additional acupuncture therapy based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL ACUPUNCTURE SESSIONS FOR THE LEFT FOOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatments Guidelines states that this treatment may be extended if functional improvement as defined in the MTUS exists and is documented. In this case, the patient has received prior acupuncture treatment. However, there is no documentation of the patient's outcome resulting in improved measurable function in their daily activities. Therefore, the request for six additional acupuncture sessions for the left foot is not medically necessary and appropriate.