

Case Number:	CM14-0000471		
Date Assigned:	01/10/2014	Date of Injury:	10/29/2013
Decision Date:	06/13/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopaedic Surgery and is licensed to practice in California and Nevada. 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 injured worker is a 45-year-old female who was injured on October 29, 2013. On October 30, 2013, the injured worker is documented as presenting with complaints of right leg pain. The injured worker is documented utilizing over-the-counter medications. The physical examination documents tenderness with no deformity or abnormal movement of the posterior aspect of the right leg with normal sensation. Dorsiflexion and plantar flexion at the ankle can be performed. Radiographs are documented as being negative and a diagnosis of right gastrocnemius strain and right calf muscle partial tear are given. Prescriptions for Flexeril and Tylenol were provided. A follow-up examination was performed on November 7, 2013. The claimant is documented as improving but having persistent pain swelling has resolved in the bruising has "significantly improved." Ultrasound of the right lower extremity was performed to rule out deep vein thrombosis and this was found to be negative. The utilization review in question was rendered on December 19, 2013. The reviewer partially certified the requested acupuncture and recommended for visits. The reviewer denied the functional capacity evaluation. The reviewer indicates that the documentation provided stated "the exam form," but no such form was included. The reviewer indicates purpose for the functional capacity evaluation with established as it is typically utilize to determine if the claimant has functional deficits that may preclude returning safely to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES SIX (6) RIGHT ANKLE / KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. There is no documentation of physical therapy urine form of physical rehabilitation is currently occurring. Additionally, there is no documentation that the claimant is not tolerating oral medications. Also, the MTUS guidelines recommend that functional improvement be documented within the 1st 6 treatments. As such, the request is considered not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6, Functional capacity evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Functional Improvement Measures, Page(s): 48.

Decision rationale: The MTUS supports the use of functional improvement measures noting that these measures can be used repeatedly over the course of treatment to demonstrate improved function or maintenance of function that would otherwise deteriorate. Additionally, the most recent progress note provided from November 29, 2013 indicates that the claimant was scheduled to return to full duty by the end of December 2013. As such, the request is considered medically necessary.