

Case Number:	CM14-0009674		
Date Assigned:	02/14/2014	Date of Injury:	02/20/2009
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 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:

The claimant is 44 year old male who sustained a work related injury on 2/20/2009. His diagnoses are plantar fibromatosis, soft tissue disease, tarsal tunnel syndrome, other synovitis/tendonitis, bursitis, ankle enthesopathy, and ankle tendonitis. Per a PR-2 dated 1/27/2014, the claimant has bilateral heel pain that is better after the injection. Pain increases with standing and walking. He is doing home exercises and stretches. Per a PR-2 dated 1/10/14, the claimant also has persistent left shoulder pain, chronic low back pain, chronic ankle strain, chronic wrist tendonitis, knee sprain/strain, cervical sprain/strain. Prior treatment includes oral medication, injections in the foot, spinal injections, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL ACUPUNCTURE 2X5 FOR THE BILATERAL ANKLE: 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, an initial trial of acupuncture consists of less than six visits. A request for ten visits exceeds the recommended number and therefore is not medically necessary. If objective functional improvement is demonstrated,

further visits may be certified after the trial. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Without this documentation, more than the initial recommended six sessions cannot be found as medically necessary.