

Case Number:	CM14-0014282		
Date Assigned:	02/26/2014	Date of Injury:	06/28/2007
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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, has a subspecialty in 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:

Claimant is a 58 year old female who sustained a work related injury on 6/28/2007. Her diagnoses are fracture of the foot, neuralgia, lumbago, lumbosacral neuritis, gait abnormality, shoulder pain, leg pain, pelvic pain, insomnia, sleep disturbance, backache, ankle pain. On 1/27/2014, 3 additional sessions of acupuncture were certified. Prior treatment includes, physical therapy, foot surgery, chiropractic, acupuncture, topical medication, and oral medication. Per a Pr-2 dated 1/27/2014, the claimant has had 2 sessions of physical therapy which did not help so much. She continues to have pain in the lateral right foot, ankle, and arch and no feeling on the top of the foot and toes. She has swelling and R ankle pain. The claimant states that she fell last night due to the right ankle twisting. She also has constant and severe pain in her low back and right hip pain. She is on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ACUPUNCTURE THREE (3) TIMES A WEEK TIMES FOUR (4) WEEKS TO THE RIGHT FOOT/ANKLE.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNTURE MEDICAL TREATMENT GUIDELINES

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had prior acupuncture with no documented functional improvement. However, an additional three sessions were authorized in January 2014 as another trial. The provider failed to document functional improvement associated with the completion of her most recent acupuncture trial. No notes at all are found past 1/27/2014. Therefore further acupuncture is not medically necessary.