

Case Number:	CM14-0015431		
Date Assigned:	02/28/2014	Date of Injury:	04/09/2012
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 34 year old male whose date of injury is 04/09/2012. The mechanism of injury is described as walking down a ramp pushing a wheelbarrow when part of the ramp collapsed and the contents of the wheelbarrow struck the injured worker's lower leg. Left ankle MRI dated 08/30/13 revealed interstitial tears within the distal Achilles tendon, peritendinitis at the musculotendinous junction of the flexor hallucis longus tendon, tibialis posterior tendon and peroneal longus tendon, strain of the tibial fibular ligament and the posterior talofibular ligament. Request for authorization dated 01/23/14 indicates that the injured worker presents with chronic left ankle pain. On physical examination there is local tenderness in the left ankle joint. Motor strength is decreased in the left ankle and foot. Diagnoses are myofascial pain syndrome, left ankle sprain/strain injury and left ankle tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF ELECTRO-ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for 8 sessions of electro-acupuncture is not recommended as medically necessary. The submitted records indicate that the injured worker was authorized for a trial of electro-acupuncture; however, the injured worker's objective functional response to this treatment is not documented to establish efficacy of treatment and support additional sessions of acupuncture in accordance with CA MTUS guidelines. There are no specific, time-limited treatment goals provided.

FUNCTIONAL RESTORATION PROGRAM EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Functional Restoration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for functional restoration program evaluation is not recommended as medically necessary. The submitted records fail to establish that the injured worker has exhausted lower levels of care and is an appropriate candidate for this tertiary level program in accordance with CA MTUS guidelines. There is no current, detailed physical examination submitted for review.