MAXIMUS Federal Services

Case Number:	CM14-0015678		
Date Assigned:	03/03/2014	Date of Injury:	03/17/2011
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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 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:

The patient is a 61-year-old female with a date of injury of 3/17/2011. According to the office note dated 1/7/2014, the patient complained of left foot pain. The patient demonstrates difficulty with toe walking, standing, squatting, crouching on the left foot. Significant objective findings include swelling in the medial and plantar aspect of the 1st metatarsophalangeal joint on the left foot, neurological findings were normal with no loss of epicritic sensations; muscular examination is within normal limits. The patient was diagnosed with incision of left foot, status post excision of base fragment of proximal phalanx, cheilectomy performed, severe sesamoiditis of left foot metatarsalgia, and painful gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, THREE (3) TIMES A WEEK FOR EIGHT (8) WEEKS, LEFT FOOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There was no evidence that the patient had prior acupuncture treatment. The MTUS Acupuncture Medical Treatment Guidelines recommend a trial of 3-6 treatments

over 1 to 2 months to produce functional improvement. Acupuncture may be extended if there is documentation of functional improvement. The reviewer had certified 6 sessions out of the 24 sessions requested on 1/23/2014. It is unknown if the patient had completed the trial of 6 treatments. The provider's request for 24 acupuncture sessions for the left foot exceeds the guidelines recommended number of visits for a trial session. Therefore, the provider's request is not medically necessary at this time without completing a trial of acupuncture with documentation of functional improvement.