

Case Number:	CM14-0016657		
Date Assigned:	05/14/2014	Date of Injury:	08/02/2013
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 43-year-old male with a date of injury of August 2, 2013. The listed diagnoses were dislocation of the ankle, fracture of the medial malleolus, and sprain/strain of the ankle deltoid. According to the January 23, 2014 progress report the patient presents with painful right ankle, right foot, right calf, right knee, and right thigh. Objective findings include pain, tenderness, and swelling. There is especially pain and tenderness noted of the right ankle. It was noted that the patient was participating in physical therapy and he will continue with therapy for his ankle rehabilitation, gait training, and calf strengthening. The provider recommends the patient participate in acupuncture treatment 2 times 4 weeks. Utilization review denied the request on February 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE RIGHT ANKLE - 8 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: For acupuncture the California MTUS Guideline recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. The medical file provided for review does not indicate any prior acupuncture treatments. This patient has not tried acupuncture and a short course of 3 to 6 treatments may be warranted. The provider is requesting 8 treatments, which exceeds what is recommended by MTUS Guidelines. The request is not medically necessary.