

Case Number:	CM14-0115009		
Date Assigned:	08/06/2014	Date of Injury:	11/30/2006
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 59 year old male who sustained an industrial injury on 11/30/2006. His diagnoses are status post tibial fracture with ORIF and hardware removal, chronic neuropathic pain, deconditioning, and left extensor digitorum tendonitis. Per a PR-2 dated 7/3/2014, the claimant reports more pain in his left ankle. He started missing work because of mobility issues and pain. He reports dull throbbing pain in his left leg and pain and weakness in the knee. The lateral calf feels numb and medial calf is sensitive to touch. Acupuncture is reported to significantly decrease the pain and allows the claimant to be more functional and continue working. Walking aggravates the pain. He works with restrictions. The claimant has had at least 24 prior acupuncture sessions approved. There has been no change in work restrictions or functional improvement since 10/18/2013. Other prior therapy includes pool therapy, oral medication, orthotics, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture 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 at least 24 acupuncture visits approved in the last year. The provider states the same benefit each time of decreased pain. The provider also states that it allows the claimant to be more functional and continue working. However even after extensive treatment, the claimant still needs one treatment a week. Due to the lack of objective functional improvement and decreased dependence on medical treatment, further acupuncture is not medically necessary.