

Case Number:	CM14-0159450		
Date Assigned:	10/03/2014	Date of Injury:	09/03/2009
Decision Date:	11/10/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/29/2014

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 62 year old with an injury date on 9/3/09. Patient complains of mild to moderate pain in his left ankle rated 4/10 per 8/25/14 report. Patient also reports intermittent swelling in his left ankle per 8/25/14 report. Based on the 8/25/14 progress report provided by [REDACTED] the diagnosis tarsal collision in the left ankle (congenital) and partial tear of the Achilles tendon (per MRI). Exam on 8/25/14 showed "mild medial/lateral tenderness to palpation is noted. Restricted range of motion of left ankle." Patient's treatment history includes home exercise program, MRI, physical therapy, and ankle bracing. [REDACTED] is requesting decision for acupuncture without stimulation 15min. The utilization review determination being challenged is dated 9/20/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/26/14 to 8/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture W/O Stimulation 15 Min: Upheld

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

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

Decision rationale: This patient presents with left ankle pain. The treater has asked for decision for acupuncture without stimulation 15min on 8/25/14 and the requesting progress report further clarifies "twice a week for four weeks to reduce myofascial pain." Reviews of the reports do not show any evidence of acupuncture treatments being done in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. As this patient has not had recent acupuncture, a trial of 3-6 sessions of acupuncture would be reasonable. In this case, however, the requested 8 acupuncture visits exceeds MTUS guidelines for this type of condition. The request is not medically necessary.