

Case Number:	CM14-0180558		
Date Assigned:	11/05/2014	Date of Injury:	05/25/2013
Decision Date:	12/12/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/30/2014

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 and 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 injured worker is a 60 year old male who reported right ankle, right knee, low back, and right shoulder pain from injury sustained on 05/25/13. Patient was positioning a belt loader on the rear of an aircraft when another employee was driving a tractor truck and hit him in the right leg running over his feet. X-rays of the right ankle revealed evidence of degenerative changes of subtalar joint and talocalcaneal joint. MRI of the lumbar spine revealed multilevel disc desiccation and bulging. Patient is diagnosed with closed bimalleolar fracture. Patient has been treated with medication and physical therapy. Per medical notes dated 09/17/14, patient does not feel that his overall condition has changed since his last visit. He has been having pain about the right ankle, right knee and low back. Examination revealed vague generalized discomfort along the dorsum of the right foot and ankle. He complains of decreased light touch sensation along the anterolateral border of the right leg and down to the dorsum of the foot. Per medical notes dated 10/2/14, patient complains of right ankle and right knee pain. He is status post fracture of the right ankle requiring surgery. Provider requested initial trial of 12 acupuncture sessions which were modified to 6 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Pages 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Per medical notes dated 10/02/14, patient complains of right ankle, right knee, right shoulder and low back pain. Provider requested initial trial of 12 acupuncture sessions which were modified to 6 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.