

Case Number:	CM14-0020424		
Date Assigned:	04/30/2014	Date of Injury:	08/22/2012
Decision Date:	07/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/19/2014

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 Acupuncture, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. 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 applicant is a female employee who has filed a claim for an injury to her right foot and ankle. The incident occurred on 8/22/12 where a Super -Scrubber malfunctioned and a piece of metal landed on the dorsum of her foot, specifically into onto her big toe. Immediately following the incident, the applicant obtained an x-ray to confirm a fractured toe. Currently she suffers with chronic pain, diagnosed as complex regional pain syndrome of the right foot. On the most recent acupuncture progress notes, dated 1/23/14, the applicant reports she still suffers with pain, burning and tingling in her right foot; however, she is excited that she is weaning off wearing the boot. On 1/10/14, the physician submitted a request for an additional twelve acupuncture sessions. Since the incident, the applicant's treatment consists of, but is not limited to, orthopedic and acupuncture care, physical therapy and rehabilitation, multiple pain management and psychological sessions, MRIs, four sympathetic nerve blocks of the lumbar spine, four alcohol injections into the right foot, and topical and oral pain and anti-inflammatory medications. The most recent treating physician progress note, dated 1/7/14, does not provide significant clinical findings to support an increase in functional improvement or change in work status. The applicant, to date, is off work since her employer cannot accommodate her work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X12 FOR THE RIGHT FOOT/TOES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant received an initial round of acupuncture care of at least 12 visits. Medical necessity for any further acupuncture treatments is in light of functional improvement. After combing through provided medical records it is evident that the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant has been off work and her status did not change due to this course of treatment. Therefore, these additional 12 sessions of acupuncture therapy are not medically necessary based on the lack of functional improvement, as defined by the MTUS. Furthermore, if the current acupuncture prescription were to be considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement, thus exceeding this recommendation and, as such, would not be medically necessary.