

Case Number:	CM14-0027883		
Date Assigned:	06/20/2014	Date of Injury:	04/16/2012
Decision Date:	08/19/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/05/2014

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 and Rehabilitation 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 48-year-old male who reported an injury on 04/16/2012. He was reportedly walking down steps and stepped on the outside of his foot and rolled his right ankle. On 12/23/2013, the injured worker presented with difficulty with sit to stand transfers, prolonged standing, prolonged walking, and climbing and descending stairs. Upon examination, there was decreased functional range of motion of the right ankle along with decreased strength. There was an altered gait pattern and pain was limiting functional abilities of the right ankle. The diagnoses were signs and symptoms consistent with status post right ankle surgery. Prior therapy included physical therapy. The provider recommended acupuncture without stimulation for the right ankle. The provider's rationale was not provided. The request for authorization form was dated 01/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE WITHOUT STIMULATION, SIX SESSIONS, FOR THE RIGHT ANKLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture without stimulation, 6 sessions for the right ankle, is not medically necessary. According to The California MTUS acupuncture is used as an option when pain medication is reduced or not tolerated, and it must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines recommend 3 to 6 treatments of acupuncture for 1 to 3 weeks, or 1 to 3 times a week for an optimum duration of 1 to 2 months. The included documentation lacked evidence of the injured worker reducing or not tolerating pain medication. Additionally, the amount of prior acupuncture treatments that the injured worker has already completed was not provided, as well as the efficacy of the prior treatments. The provider's request for acupuncture treatments does not include the frequency of the treatments in the request as submitted. As such, the request is not medically necessary.