MAXIMUS Federal Services

Case Number:	CM14-0041750		
Date Assigned:	06/30/2014	Date of Injury:	07/22/2013
Decision Date:	08/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/08/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 42-year-old female who reported an injury on 07/22/2013. The injury reportedly occurred while she was squatting down at work to make a bed and felt a pop under her kneecap. Her diagnosis is left calf strain. Her past treatments included physical therapy and shock wave therapy. On 01/31/2014, the injured worker presented for followup providing her left calf pain. Her physical examination revealed tenderness to palpation of the cervical spine muscles, tenderness to palpation of the L5-S1 joint space and bilateral sacroiliac joints, positive bilateral Lasegue test, positive bilateral facet loading, decreased bilateral Achilles reflexes, positive bilateral Phalen's test and Tinel's test of the wrists, and tenderness to palpation of the bilateral medial epicondyles. There was no medication list included. The treatment plan included physical therapy for the neck, lumbar spine, wrist, medial epicondyles, acupuncture treatment once a week for 2 weeks, and referral to an orthopedic specialist for medications and consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one time a week for six weeks, left calf: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (acute & chronic) chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Acupuncture Guidelines, acupuncture may be an option when pain medication is reduced or not tolerated, when used as an adjunct to physical rehabilitation and/or surgical intervention to promote functional gains. When applicable, the guidelines recommend 3-6 treatments as an initial trial to produce functional improvement with treatment 1-3 times a week for 1-2 months upon documentation of functional improvement after the initial trial. The documentation submitted for review indicated that the injured worker suffered a left calf injury. However, the physical examination failed to show any evidence of functional deficits related to the left calf. In addition, there was no documentation indicating that pain medication was reduced or not tolerated, or that the request for acupuncture would be in conjunction with a therapeutic exercise program and/or surgical intervention. Based on the above, the request for acupuncture is not supported. As such, the request is not medically necessary.