

Case Number:	CM14-0042291		
Date Assigned:	06/30/2014	Date of Injury:	03/31/2001
Decision Date:	10/14/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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:

This is a 56-year-old female with a 3/31/01 date of injury from overuse. She is status post extension of a fusion of the medial cuneiform to the first metatarsal utilizing an autograft from the lateral proximal left tibia on 10/26/12. She was seen on 3/5/14 with complaints of pain in the left foot and right shoulder. No physical exam was documented. An exam from a progress note dated 10/3/13 noted 1+ tenderness over the left foot; sensation and motor strength were intact. Her diagnosis is posttraumatic arthritis of the left foot. Treatment to date: surgery, medications, physical therapy, and HEP. An adverse determination was received on 3/27/14, as the patient was not noted to be in a physical rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2X4 left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating

physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement is 3 - 6 treatments. The requested number of sessions exceeds the MTUS recommendations and is therefore, not medically necessary.