

Case Number:	CM14-0070544		
Date Assigned:	07/14/2014	Date of Injury:	09/26/2013
Decision Date:	09/11/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/15/2014

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 46 year old male who reported low back, bilateral knees and bilateral ankle pain from injury sustained on 09/26/13 after he fell off the dock approximately 4-5 feet, hitting his right leg on a bumper in the process. X-rays of the right foot revealed no acute fracture or dislocation. X-rays of the right ankle revealed non-displaced fracture of medial malleolus. MRI of the lumbar spine revealed multilevel disc protrusion with facet hypertrophy. MRI of the right knee revealed partial thickness tear of ACL, quadriceps tendinosis, prepatellar bursitis, mucoid degeneration of medial and lateral menisci. MRI of the left knee revealed partial thickness tear of ACL, gastrocnemius tendinosis with an adjacent ganglion cyst, mucoid degeneration of the medial and lateral menisci, patellar/ quadriceps tendinosis and prepatellar bursitis. MRI of the left ankle revealed distal Achilles partial thickness tearing and tendinosis with preitendinosis, peroneus brevis tendinosis, 3-4mm plantar and dorsal calcaneal heel spur. X-rays of the lumbar spine revealed costotransverse osteoarthritis at T9, lumbar spondylosis. Patient is diagnosed with lumbar spine sprain/strain, bilateral knee sprain/stain rule out internal derangement; status post closed fracture of the medial malleolus of right ankle with residual pain. The patient has been treated with medication, therapy and acupuncture. Per medical notes dated 03/28/14, patient is undergoing physical therapy and acupuncture. The patient continues to complain of low back pain, bilateral knee, bilateral feel and ankle pain. He notes pain from the right upper leg to hip has resolved; however, he does have pain in the right hip due to limping. He is performing home exercises as instructed. He is currently not taking medication for pain, because he does not like taking medication. Examination revealed tenderness to palpation and decreased range of motion. Provider is requesting additional 8 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x per week x 4 weeks for Lumbar Spine, Left Ankle and Right Knee:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Therefore, per MTUS guidelines, the request is not medically necessary.