

Case Number:	CM14-0088916		
Date Assigned:	08/08/2014	Date of Injury:	02/12/2014
Decision Date:	09/29/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/12/2014

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 Nevada. 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 records, presented for review, indicate that this 49-year-old individual was reportedly injured on February 12, 2014. The mechanism of injury was noted as stepping into a hole and twisting the ankle. The most recent progress note, dated July 8, 2014, indicated that there were ongoing complaints of ankle pain. The physical examination demonstrated tenderness to palpation. Multiple modalities were completed. Diagnostic imaging studies were not reported. Previous treatment included medicines and physical therapy. A request had been made for acupuncture and chiropractic care of the left foot and ankle and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of left foot/ankle 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: As outlined in the MTUS, acupuncture is supported when there is a decrease in pain medication or the medication that is not tolerated. Neither event is reported. Therefore, the request is not medically necessary.

Chiro left foot/ankle 2 x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): Pages 58, 59 and 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: As outlined in the MTUS, chiropractic care is not recommended for the foot and ankle. As such, this is not clinically indicated or medically necessary.