

Case Number:	CM13-0055077		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2011
Decision Date:	04/14/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 51 year old female who sustained an industrial injury on 07/15/11. She reports bilateral foot pain and left knee discomfort. Diagnoses include cumulative strain both feet, and bilateral plantar fascism. Treatments to date include shock wave therapy. In a progress noted dated 09/25/13 the treating provider recommends a MRI. On 10/23/13 Utilization review non-certified acupuncture to her feet, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2 times a week for 4 weeks to the Bilateral Feet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise

program, rather than the continuation of skilled intervention Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.