

<b>Case Number:</b>	CM14-0201373		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Chiropractor (DC), has a subspecialty in 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 28 year old male who reported right ankle pain from injury sustained on 08/02/13 due to trauma. Exact mechanism of injury was not documented in the provided medical records. X-rays of the right leg dated 08/09/13 revealed acute obliquely oriented fracture involving proximal right fibula shaft. Patient is diagnosed with right ankle traumatic injury, and status post surgery. Patient has been treated with surgery, medication, therapy and acupuncture. Per medical notes dated 09/15/14, patient complains of right ankle pain rated at 5/10. He has numbness while walking. Per medical notes dated 10/13/14, patient complains of right ankle pain rated at 6/10 accompanied with burning sensation on right lower extremity, tibia, heel and ankle. He is able to walk 1 more block. Examination revealed tenderness over the right ankle, range of motion of the ankle was within normal limits. Per utilization review dated 11/18/14, patient has been certified 6 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with certified acupuncture visits. Provider requested retrospective 8 acupuncture treatments which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retroactive acupuncture, 2 times a week for 4 weeks to the right ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9: "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery"... Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Per utilization review dated 11/18/14, patient has been certified 6 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with certified acupuncture visits. Provider requested retrospective 8 acupuncture treatments which were non-certified by the utilization review. 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. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, retrospective 8 acupuncture treatments are not medically necessary.