

Case Number:	CM14-0202823		
Date Assigned:	12/15/2014	Date of Injury:	07/08/2010
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/04/2014

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), 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 43 year old male who reported left foot pain from injury sustained on 07/08/10. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with status post fusion of the first metatarsophalangeal joint and status post removal of internal fixation. Patient has been treated with medication, physical therapy and surgery. Per medical notes dated 08/13/14, patient is status post removal of internal fixation of the hallux. He demonstrates significant improvement. Per medical notes dated 09/10/14, he demonstrates no signs of infection, edema or other complication. He is doing very well. He states he has no pain at all in the foot and is extremely happy with the outcome he has thus far. It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. 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 a skilled intervention. Provider requested 2X6 acupuncture treatments for the left foot which were non-certified by the utilization review on 11/18/14. 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:

Acupuncture two times a week for six weeks for the left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested 2X6 acupuncture treatments for the left foot which were non-certified by the utilization review on 11/18/14. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. 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 a skilled intervention. Per review of evidence and guidelines, 2X6 acupuncture treatments are not medically necessary.