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| Case Number: | CM14-0028129 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 08/20/2012 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 02/26/2014 |
| Priority: | Standard | Application Received: | 03/05/2014 |

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. 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: Ohio

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 49 year old male, who sustained a cumulative trauma industrial injury from July 31, 2004-August 20, 2012. He has reported right ankle and foot pain. The diagnoses have included right ankle sprain and plantar fibromatosis. Treatment to date has included radiographic imaging, diagnostic studies, acupuncture, physical therapy, immobilization, shockwave therapy, cortisone shots, conservative therapies, pain medications and work restrictions. Currently, the IW complains of right ankle and foot pain. The injured worker reported an industrial injury from 2004-2012, resulting in chronic right ankle and foot pain. On February 11, 2014, evaluation revealed continued ankle and foot pain. He was treated with conservative therapies including acupuncture, physical therapy, shockwave therapy and immobilization. It was noted after the third acupuncture visit that the injured worker was subjectively able to decrease the use of pain medications. On February 24, 2014, Utilization Review non-certified a request for 6 Sessions Of Acupuncture (Right Ankle/Foot), noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 26, 2014, the injured worker submitted an application for IMR for review of requested 6 Sessions Of Acupuncture (Right Ankle/Foot).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Acupuncture (Right Ankle/Foot): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture medical treatment guidelines note that acupuncture treatments may be extended to functional improvement is documented. It is noted from the PR2 dated 2/11/14 there has been an increase in flexion and extension of the right ankle. Subjective complaints of pain have also decreased. It is also noted the patient has decreased utilization of pain medication and is expected to return to work by the next follow-up visit. Due to these functional improvements the request for an additional sessions of acupuncture to the right foot and ankle are medically necessary and are supported by the guidelines.