

Case Number:	CM14-0037302		
Date Assigned:	06/25/2014	Date of Injury:	08/11/2013
Decision Date:	01/06/2015	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Chiropractic and 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 57 year old female, who was injured in a work related injury, on August 11, 2013. The injured worker returned to work the day of the injury on modified duty. Injured worker states that she was pulling a tote of merchandise from under the register when it slipped and fell on her left foot. The injured worker sustained injuries to the left ankle and foot. The Magnetic Resonance Imaging (MRI) taken of the left foot, November 4, 2013, showed mild inter-metatarsal bursitis and early stage Morton neuroma between the second and third metatarsal phalangeal joints. The Magnetic Resonance Imaging (MRI) of the left ankle showed tenosynovitis of the peroneus longus and brevis, manifested as fluid within the tendon sheath with interstitial degenerative changes in the distal fibers of the Achilles. The injured worker has tried medication, physical therapy and exercise program without change in the chronic pain of the left foot ankle and foot. The progress note of May 20, 2014, the injured workers pain level was a 4 out of 10; 0 being no pain and 10 being the worse pain. The quality of the pain was described as aching, throbbing, shooting, stabbing, piercing, sharp, dull, burning, numbness and like pins and needles. The injured worker has 45 degree flexion, extension to 5 degrees and facet loading maneuvers are negative. There is tenderness to palpation on the left foot primarily involving the lateral aspect of the midfoot, ankle, lower calf and forefoot. The injured worker was diagnosed with myofascial pain in the left foot, ankle and low back, left ankle and foot pain, likely L4-5 neuropathy on the left. The progress note June 20, 2014, the injured was taken gabapentin at bedtime with Tylenol. The injured worker was to have a podiatry consult. According to the progress note of August 1, 2014, lidocaine ointment and Voltaren gel to apply to the affected areas for comfort. According to the September 12, 2014 progress note, the podiatry consult authorization was still pending. The lidocaine ointment and Voltaren gel were

helping. The injured worker has tried conservative therapy and failed. On March 18, 2014 the UR denied Acupuncture therapy for 8 visits and modified it to 6 visits per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture times 8 sessions 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: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines, pages 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". Patient has not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture sessions for the left foot are not medically necessary.