

Case Number:	CM15-0003922		
Date Assigned:	01/15/2015	Date of Injury:	10/15/2013
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27-year-old male who reported injury on 10/15/2013. The mechanism of injury was the injured worker was checked valves in a vault and while he was going down the steps, his foot slipped causing dislocation of the left ankle. The injured worker underwent an x-ray, and they reset his ankle. Prior treatments included physical therapy and acupuncture. The injured worker underwent an MRI of the cervical spine, thoracic spine and lumbar spine. The injured worker underwent and x-ray of the lumbar spine in flexion and extension. The most recent physical examination is dated 11/21/2014. The injured worker had complaints of persistent upper back, low back and left ankle/foot pain. The injured worker indicated the pain went from mild to occasionally moderate. The injured worker denied radiation, numbness or tingling going down his arms or legs from his neck or low back. The injured worker indicated his pain was well controlled with medication. The injured worker indicated the acupuncture helped decrease his pain temporarily and he was able to do more activities of daily living. In relation to his left ankle, the examination revealed the injured worker had tenderness to palpation of the lateral ankle and plantar ligament. The injured worker had limited range of motion secondary to pain. The injured worker had full pain at end ranges with toe ranges of motion. The strength was 2+/5. The diagnoses included left foot sprain and strain, and left ankle sprain and strain. The treatment plan included a continuation of acupuncture 2 times a week for the next 6 weeks. The medications included ibuprofen 600 mg #60 and transdermal compounds. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6 left foot/ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and that acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had previously undergone acupuncture. However, there was a lack of documentation of a clinically significant improvement in activities of daily living. Additionally, the documentation was for 12 visits, not 6. The documentation requesting acupuncture 1 x6 left foot and ankle was not presented for review. Given the above and the lack of documentation, the request for acupuncture 1x6 left foot/ankle is not medically necessary.

Range of motion and muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Flexibility.

Decision rationale: The Official Disability Guidelines indicate that flexibility testing and range of motion testing should be part of a routine musculoskeletal evaluation. There was a lack of documentation indicating a necessity for additional range of motion and muscle testing. Additionally, the request as submitted failed to indicate the body part to be tested. Given the above, the request for range of motion and muscle testing is not medically necessary.