

Case Number:	CM15-0006734		
Date Assigned:	01/21/2015	Date of Injury:	10/09/2012
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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
 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 59 year old male, who sustained an industrial injury to left Achilles tendon on 10/9/12 after jumping up to get into a car and he felt a pop. He has reported intermittent burning, numbness, tingling, and tenderness posterior aspect left Achilles tendon and at the ball of the foot. The diagnoses have included status post left Achilles tendon repair capsulitis, claw toe, and neuralgia/neuritis. Treatment to date has included surgery, medications, diagnostics and foot orthotics. Currently, the IW complains of left Achilles tendon pain that is intermittent with burning, numbness and tingling and tenderness at posterior area and left ball of foot. The pain was rated 4-5/10. The IW was using over the counter inserts without improvement. The pain was aggravated by weight bearing and walking more than 10 minutes. The pain in the left ball of foot was rated 5-9/10 with constant aching, burning and numbness. There was tenderness to palpation at the plantar aspect of the left second and fifth metatarsophalangeal joints. The left foot Magnetic Resonance Imaging (MRI) dated 11/5/13 revealed hammer toe deformities second, third, fourth and fifth digits. On 12/12/14 Utilization Review modified a request for Acupuncture without stimulation 15 min, 10 sessions to left Achilles, modified to 6 sessions to left Achilles noting as the IW has not had acupuncture yet; a 6 visit initial clinical trial can be recommended. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture without stimulation 15 min, 10 sessions to left achilles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 10 acupuncture sessions which were modified to 6 by the utilization review. 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, 10 Acupuncture visits are not medically necessary.