MAXIMUS Federal Services

Case Number:	CM15-0100745		
Date Assigned:	06/03/2015	Date of Injury:	08/21/2012
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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 57-year-old male, with a reported date of injury of 08/21/2012. The diagnoses include left ankle sprain/strain and left ankle pain. Treatments to date have included H-wave which was helpful; topical pain medication which helped some; heat/ice; and left ankle lateral ligamentous repair and micro fracture treatment of osteochondral lesion of talus on the left. The progress report dated 04/23/2015 indicates that the injured worker had left ankle pain. It was noted that his pain was a little worse. The injured worker was having more stabbing pain to his left ankle. He had not been doing acupuncture therapy and it was indicated that it caused pain flares. The injured worker wanted to resume acupuncture therapy. He rated his pain 6-7 out of 10. An examination of the left foot showed full range of motion of the left ankle; tenderness in the medial and lateral aspect of the foot and in the medial ankle; abnormal strength with dorsiflexion and plantar flexion of the left foot; and intact and equal sensation in the bilateral feet. The treating physician requested six acupuncture sessions for the left ankle to help with pain flare-ups and a set of orthotics for the left foot to help with pain. It was noted that the injured worker saw a specialist for ankle pain and was recommended to get a new set of orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 sessions for the left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of stabbing pain in the left ankle. The Acupuncture Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient had prior acupuncture care. It was noted that acupuncture therapy is the only treatment that is effective so far. The provider reported that the patient was able to walk and stand longer with acupuncture therapy. However, there was no objective, quantifiable documentation regarding functional improvement from previous acupuncture therapy. The patient did not meet the guidelines recommendation for additional acupuncture sessions. Therefore, the provider's request for 6 additional to the left ankle is not medically necessary at this time.