

Case Number:	CM15-0132061		
Date Assigned:	07/20/2015	Date of Injury:	10/10/2014
Decision Date:	08/17/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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

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:

This 50 year old female sustained an industrial injury to the right ankle on 10/10/14. The injured worker was diagnosed with a trimalleolar right ankle fracture. The injured worker underwent open reduction internal fixation. The injured worker received postoperative physical therapy and medications. The number of previous therapy sessions was unclear. In the most recent documentation submitted for review, a PR-2 dated 3/18/15, the injured worker reported having difficulty standing and walking for long periods of time. The injured worker continued to walk with a limp. The injured worker was able to flex and extend her toes without difficulty. X-rays of the right ankle showed consolidation of fractures with hardware in place, some joint space narrowing consistent with arthritis changes and some heterotopic ossification. Current diagnoses included right ankle trimalleolar fracture status post open reduction internal fixation and right ankle degenerative changes. The physician noted that he expected the injured worker to have some permanent stiffness and pain to the right ankle. The treatment plan included four more weeks of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x week x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 8 acupuncture sessions which were non-certified 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, 8 Acupuncture visits are not medically necessary.