

Case Number:	CM15-0145684		
Date Assigned:	08/06/2015	Date of Injury:	04/09/2010
Decision Date:	09/03/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 44 year old female, who sustained an industrial injury on April 09, 2010. The injured worker reported that a glass shelf weighing greater than 40 pounds fell on her left foot causing immediate pain and swelling. The injured worker was diagnosed as having initial left foot contusion and distal tibialis anterior and extensor digitorum tendinopathy. Treatment and diagnostic studies to date has included acupuncture, x-ray of the left foot, medication regimen, physical therapy, and use of an ankle brace. In a progress note dated June 10, 2015 the treating physician reports complaints of intermittent left ankle pain and swelling. Examination reveals distal tenderness to the anterior ankle. The treating physician noted that the injured worker has received four prior sessions of acupuncture that were noted to assist the injured worker along with noting a slow improvement in symptoms secondary to prior acupuncture as seen with an increase in walking, weight bearing, a decrease in joint swelling, and pain. The treating physician requested acupuncture two times a week times three weeks to the left foot noting that prior acupuncture was helpful to the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk x 3wks left foot: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documented with previous care. After six prior acupuncture sessions were rendered in the past (documented as beneficial with symptom reduction, function improvement), additional acupuncture is supported for medical necessity by the guidelines. The number of sessions requested (x 6) is within the guidelines criteria. Therefore, and based on the previously mentioned the additional acupuncture is medically necessary.