

Case Number:	CM15-0148979		
Date Assigned:	08/12/2015	Date of Injury:	05/07/2014
Decision Date:	09/10/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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 52 year old female who sustained an industrial injury on 5-7-14 when she was caught between two tables causing immediate pain in the ankles. She also injured her right pinky, bilateral lower legs, bilateral ankles, bilateral heels and bilateral feet. She was medically evaluated with exam, x-rays of both feet which were negative; given medications for pain and inflammation and was released to work with normal duties. She currently complains of stabbing, throbbing left ankle pain with numbness and cramping radiating to leg with a pain level of 7 out of 10; constant, severe, sharp right ankle pain and weakness radiating to leg with numbness and cramping (9 out of 10); constant, burning bilateral leg pain with numbness and cramping. On physical exam sensation was decreased globally in the right lower extremity; left ankle range of motion was decreased and painful with tenderness to palpation of the lateral ankle, anterior drawer causes pain; right ankle had decreased and painful range of motion, tenderness to palpation of lateral ankle and lateral malleolus, anterior Drawer causes pain, posterior Drawer causes pain; there was tenderness to palpation of bilateral calf muscles. Medications were ibuprofen, omeprazole. Diagnoses include left and right ankle sprain, strain; left and right Achilles tendinitis; right ankle contusion; bilateral calf strain; heel spur, bilateral feet; bilateral plantar fasciitis; right carpal tunnel syndrome; right elbow strain, sprain, rule out internal derangement; right index, ring and middle finger A1 pulley; right de Quervain's stenosing tenosynovitis; right upper extremity overuse syndrome. Treatments to date include medication; physical therapy (in the physical therapy note dated 3-4-15 the provider indicates that the injured worker continues to have pain throughout the bilateral knees and ankles and has

attained maximum benefit from physical therapy and therefore was discharged). Diagnostics include x-ray and MRI of bilateral feet showing heel spur; MRI of bilateral feet showing bilateral plantar fasciitis; electromyography, nerve conduction studies of bilateral upper extremities (2-20-15) both normal. In the progress note dated 7-14-15 the treating provider's plan of care included to continue acupuncture 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 acupuncture sessions, 3 x 6, bilateral ankles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The July 22, 2015 utilization review document denied the treatment request of 18 acupuncture visits to the patient's bilateral ankles citing CAMTUS acupuncture treatment guidelines. The reviewed medical records failed to establish clinical evidence of functional improvement following prior treatment or established by medical history evidence of a recent flare or exacerbation necessitating treatment. The reviewed medical records failed to establish the medical necessity for the requested 18 acupuncture visits or comply with CAMTUS Acupuncture to the Treatment Guidelines and therefore is not medically necessary.