

Case Number:	CM15-0161457		
Date Assigned:	08/27/2015	Date of Injury:	01/23/2013
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/17/2015

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, Montana
 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 60 year old female who sustained an industrial injury on 01-23-2013. There was no mechanism of injury documented. The injured worker was diagnosed with right foot pain, right bunion and osteoarthritis of the right metatarsophalangeal. The injured worker is status post removal of right bone spurs with implant 1st metatarsophalangeal (no date documented). Treatment to date has included diagnostic testing, surgery, physical therapy, home exercise program, acupuncture therapy (6 sessions completed April 17, 2015 to May 5, 2015 and 6 sessions completed June 10 2015 to July 8 2015) and medications. According to the primary treating physician's progress report on July 17, 2015, the injured worker reported completion of acupuncture therapy with improved range of motion of the right great toe. The injured worker reported continued pins, needle sensation, and intermittent pain rated at 7 out of 10 on the pain scale. Examination demonstrated a well-healed scar over the dorsum of the right metatarsophalangeal joint with normal gait. There was no tenderness over the dorsal aspect of the foot or plantar surface. There was no pain with impaction or distraction noted. Range of motion was within normal limits bilaterally at all joints and digits. There was good movement of the right toe with negative Tinel's test over the tarsal tunnel. Motor strength, sensation and deep tendon reflexes were intact. The injured worker was able to perform single lower extremity toe raises bilaterally. Current medications were listed as Diclofenac and Dendracin ointment. Treatment plan consists of continuing medication regimen anterior the current request for additional acupuncture therapy to the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 X 3 right foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2 X 3 acupuncture sessions for the right foot which were non-certified by the utilization review. Medical records document increased range of motion of the big toe as a result of acupuncture; however, the documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 2 x 3 acupuncture treatments are not medically necessary.