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| Case Number: | CM15-0164147 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 08/13/2013 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/05/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female, who sustained an industrial injury on 8-13-2013. The mechanism of injury was a trip over a carpet. The injured worker was diagnosed as having peripheral neuropathy and ankle sprain. There is no record of a recent diagnostic study. Treatment to date has included home exercises, physical therapy, and acupuncture and medication management. In a progress note dated 7-16-2015, the injured worker complains of left ankle pain rated 2-7 out of 10. Physical examination showed burning pain on the outside edge of the foot. The treating physician is requesting Additional acupuncture for the left ankle (1 time a week for 1 month) and Additional massage therapy for the ankle (2 times a week for 1 month).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for the left ankle (1 time a week for 1 month): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment, 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines recommend continued acupuncture only if functional improvement is objectively documented consistent with MTUS guidelines. The records in this case do not clearly document such functional improvement from past acupuncture. This request is not medically necessary.

Additional massage therapy for the ankle (2 times a week for 1 month): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: MTUS recommends massage for limited indications up to 6 visits in the acute phase of an injury. This treatment is intended as an adjunct to active treatment and to facilitate early functional restoration. Massage is a passive treatment, which is not recommended for ongoing or chronic use. The request in this case is not consistent with these guidelines; the request is not medically necessary.