

Case Number:	CM15-0164509		
Date Assigned:	09/10/2015	Date of Injury:	11/11/2014
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
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: 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 54 year old female, who sustained an industrial injury on 11-11-2014 resulting in pain or injury to the right foot after a 500 pound gate rolled over foot. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee complaints, lumbar spine pain, and right foot pain. Medical records (03-17-2015 to 07-16-2015) indicate ongoing bilateral knee pain and right foot pain. Records also indicate no changes in pain levels, work restrictions or activities of daily living. Per the treating physician's progress report, the injured worker was able to return to work with restrictions. The physical exams, dated 05-29-2015 and 07-16-2015, revealed no changes in subjective complaints which included bilateral knee pain and right foot pain. The objective findings revealed tenderness along the medial joint line, no laxity, and positive crepitus in the knees. The right foot revealed tenderness to the medial and mid foot with a slight limp favoring the right lower extremity. Relevant treatments have included right knee arthroscopy (08-2014), physical therapy (4 of 12) and right knee injections. The medical records included a MRI of the right foot (07-06-2015) showing normal findings. The request for authorization (07-16-2015) shows that the following therapy was requested: 6 sessions of acupuncture (twice weekly for 3 weeks). The original utilization review (08-03-2015) denied the 6 sessions of acupuncture due to the lack of documented number of previous session and response to these treatments, absence of diagnoses, and absence of documented subjective and objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice weekly for 3 weeks, per 07/16/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The provider documented in his report dated 07-16-15: patient complains of "not being able to garden or exercise...pain score for the right foot is 5/10...working modified duties...acupuncture x6 requested". Based on the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, with activities of daily living reduced (working modified duties, not able to exercise) an acupuncture trial for pain management and function improvement would be reasonable, and supported by the guidelines. The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on function improvement obtained with the trial. Therefore, the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.