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| <b>Case Number:</b>   | CM15-0168329 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 04/10/2014 |
| <b>Decision Date:</b> | 10/14/2015   | <b>UR Denial Date:</b>       | 08/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2015 |

### 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:

This is a 28 year old female with a date of injury of April 10, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for left ankle internal derangement and left foot strain. Medical records (February 17, 2015 to July 8, 2015) indicate the injured worker complains of left ankle and foot pain. Per the treating physician (July 8, 2015), the employee was to continue her current employment. The physical exam (June 25, 2015) reveals range of motion, sensation, motor examination, and deep tendon reflexes within normal limits for the bilateral lower extremities. The physical exam (July 8, 2015) documented diminished light touch sensation to the left lateral ankle. Treatment has included medications (Naproxen since on March 10, 2015; Diclofenac since June of 2015; topical pain compounds since June of 2015), and an unspecified number of physical therapy sessions. The original utilization review (August 7, 2015) non-certified a request for twelve sessions of acupuncture for the left ankle and foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xWk x 6Wks for the left ankle/foot, QTY: 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The Acupuncture Treatment guidelines recommend acupuncture for pain. It recommends a trial of 3-6 sessions to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the submitted records, it appears that the patient has not had acupuncture in the past. Therefore, an initial acupuncture trial may be warranted at this time. However, the provider's request for 12 acupuncture sessions to the left ankle exceeds the guidelines recommendation for an initial trial for which the guidelines recommend 3-6 visits. Therefore, the provider's request is not medically necessary at this time. However, 6 acupuncture sessions would be appropriate for the patient at this time.