

Case Number:	CM15-0168844		
Date Assigned:	09/09/2015	Date of Injury:	02/03/2010
Decision Date:	10/14/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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 60 year old male who sustained an industrial injury on 2-3-10. Diagnoses are chronic pain, pain in joint lower leg, pain in joint ankle foot, pain in thoracic spine, unspecified major depression-recurrent episode. Previous treatment includes 6 sessions of acupuncture, 2-3 sessions of physical therapy, medications, and status post tibial plateau fracture; status post open reduction internal fixation on 2-3-10. In a visit note dated 7-14-15, the physician reports the injured worker presents with chronic left lower extremity pain. He notes acupuncture has been beneficial to reduce pain and numbness in the left ankle, is able to perform physical therapy better with less pain and able to walk better with less pain. Physical therapy is noted to be helping improve his gait. He was instructed to use a single point cane. The request for authorization is dated 7-24-15. On 7-29-15, utilization review denied the requested treatment of acupuncture, left ankle, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, left ankle #6: 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 states that acupuncture may be extended with documentation of functional improvement. The patient was being treated for lower extremity pain. Records indicate that the patient completed 6 acupuncture sessions with noted benefits. The patient reported of decrease pain and numbness left medial ankle. The patient was able to perform his physical exercises with less pain, and was able to walk a little better with less pain. There was no objective quantifiable documentation regarding functional improvement from prior acupuncture session. Therefore, the provider's request for 6 acupuncture session to the left knee is not medically necessary at this time.