

Case Number:	CM15-0189728		
Date Assigned:	10/01/2015	Date of Injury:	04/02/2014
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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 31 year old male, who sustained an industrial injury on 4-2-2014. The injured worker was being treated for significant atrophy of the right thigh and ankle, status post open reduction and internal fixation of the right calcaneus with residual stiffness in the right ankle and varus deformity with retained hardware, compensatory right foot plantar fasciitis, and status post right great toe posterior wedge resection and nail bed reconstruction. Medical records (7-23-2015 to 8-27-2015) indicate ongoing right foot and ankle pain. The medical records show the subjective pain rating shows no improvement from 4 out of 10 on 7-23-2015 to 4 out of 10 on 8-27-2015. The physical exam (8-27-2015) revealed grade 2 tenderness to palpation of the right ankle with restricted range of motion, which was unchanged from the last visit. There was grade 2 tenderness to palpation of the right with restricted range of motion. On 11-6-2014, x-rays of the right calcaneus revealed a metallic plate with screws without evidence of loosening. There were sclerotic changes in the calcaneus, which may represent callus formation from previous fracture. There was decreased mineralization in the osseous structures of the ankle likely due to disuse osteoporosis. Per the treating physician (8-27-2015 report), the injured worker found the 5 sessions of acupuncture to be helpful. However, the dates and results of acupuncture treatment were not included in the provided medical records. Other treatment has included physical therapy, chiropractic therapy, rest, off work, a cane, and medications including oral pain and topical pain. Per the treating physician (8-27-2015 report), the injured worker remains temporarily totally disabled. On 8-27-2015, the requested treatments included 12 sessions of

acupuncture. On 9-1-2015, the original utilization review modified a request for 12 sessions of acupuncture to 3 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions, which were modified to 3 by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Patient stated Acupuncture has "helped"; however, 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, 12 acupuncture treatments are not medically necessary.