

<b>Case Number:</b>	CM15-0208402		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 was a 32 year old male, who sustained an industrial injury, December 5, 2014. The injured worker was undergoing treatment for left ankle pain, left ankle sprain and or strain and left ankle contusion. According to progress note of July 27, 2015, the injured worker's chief complaint was intermittent moderate rated pain at 4-5 out of 10. The pain was described as achy left ankle and left foot pain and stiffness. The pain was associated with prolonged standing and prolonged walking. The objective findings included swelling of the left ankle. The injured worker had an antalgic gait. The range of motion was decreased and painful. There was tenderness of the anterior ankle and dorsal ankle. There were muscle spasms of the calf. The anterior drawer caused pain. The injured worker previously received the following treatments 6 physical therapy for the left ankle, acupuncture topical creams, Naproxen, Gabapentin, Tramadol, Norco 5-325mg and Diclofenac. The UR (utilization review board) denied certification on September 24, 2015; for acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, left ankle, 1 time weekly for 6 weeks, 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines: Acupuncture - ankle pain/sprain.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.