

Case Number:	CM15-0024130		
Date Assigned:	02/13/2015	Date of Injury:	06/19/2014
Decision Date:	03/26/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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 60 year old female, who sustained an industrial injury on 03/02/2011 and 07/01/2012 to 06/19/2014. The diagnoses have included chronic sprain left ankle. Noted treatments to date have included physical therapy and medications. Diagnostics to date have included MRI left ankle on 08/21/2014 showed subcutaneous edema, nonunion fracture involving the calcaneus, osteoarthritic changes, ganglion versus synovial cyst, posterior tibialis tenosynovitis, and peroneus longus brevis tenosynovitis. In a progress note dated 12/11/2014, the injured worker presented with complaints of pain and loss of function. The treating physician reported requesting acupuncture and or aquatic therapy two times a week. Utilization Review determination on 01/23/2015 non-certified the request for Acupuncture 2x4 Left Ankle citing Medical Treatment Utilization Schedule Acupuncture Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4, left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: On 12-11-14 the provider requested acupuncture treatment (x 8) without including an examination documenting the functional deficits that the patient presented or the goals for the requested care. As the deficits to be addressed by the acupuncture were unreported, the care is not supported as reasonable, medically and necessary. In addition, the guidelines note that the amount of acupuncture to produce functional improvement is 3-6 treatments and additional care could be supported by the function improvement obtained with the initial care. As the provider requested an initial 8 sessions, number that is exceeding the guidelines without any extraordinary circumstances documented, the request is not supported for medical necessity.