

Case Number:	CM15-0030549		
Date Assigned:	02/24/2015	Date of Injury:	01/13/2011
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female, who sustained an industrial injury on January 13, 2011. She has reported right knee pain and right foot pain. The diagnoses have included right foot sprain/strain and right ankle sprain/strain. Treatment to date has included home exercise and orthotics. A progress note dated January 29, 2015 indicates a chief complaint of continued right knee pain and right ankle and foot pain. Physical examination showed right knee tenderness, right foot tenderness, and decreased range of motion of the right ankle. The treating physician is requesting acupuncture twice each week for three weeks. On February 11, 2015 Utilization Review denied the request for citing the California Medical Treatment Utilization Schedule Acupuncture Treatment Guidelines. On February 18, 2015, the injured worker submitted an application for IMR of a request for acupuncture twice each week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture six visits twice a week for three weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The attached medical record indicates a previous approval for acupuncture by the prior UR physician on 2/3/15, however there is no documentation as to why these sessions have not yet been started. The most recent note dated March 15, 2015 includes a complaint of anxiety and ankle pain in the treatment plan at that time included home exercise an additional physical therapy as well as a request for orthotics. Since there is no reason presented for denial, and there is no contraindication to acupuncture, the request is medically necessary.