MAXIMUS Federal Services

Case Number:	CM15-0043139		
Date Assigned:	03/13/2015	Date of Injury:	06/18/2013
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/06/2015

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: Physical Medicine & Rehabilitation

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 32 year old female, who sustained an industrial injury on 06/18/2013. She has reported injury to the right foot and ankle. The diagnoses have included right ankle and foot sprain/strain; and right foot plantar fasciitis. Treatment to date has included medications, TENS (transcutaneous electrical nerve stimulator) unit, cortisone injections, acupuncture, and surgical intervention. A progress note from the treating physician, dated 01/29/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of right foot and ankle pain; pain is rated 6/10 on the visual analog scale; orthotics are helpful; and acupuncture has caused slight increase in pain. Objective findings included antalgic gait and stiffness. The treatment plan has included continuation with acupuncture with re-evaluation due to increased pain. Request is being made for Additional acupuncture; and for Re-evaluation unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The 32 year old patient complains of right foot and ankle pain, rated at 6/10, as per progress report dated 01/29/15. The request is for ADDITIONAL ACUPUNCTURE. There is no RFA for this case, and the patient's date of injury is 06/18/13. Diagnoses, as per progress report dated 01/29/15, included right ankle and right foot sprain/strain, and neuroma like pain in medial portal. The patient is status post endoscopic plantar fasciectomy on 05/14/14, and is temporarily totally disabled, as per the same progress report. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, the patient has had acupuncture in the past. Although the progress reports do not indicate the number of sessions completed, report dated 01/29/15 states that acupuncture has caused slight increase in pain. The treating physician is requesting for additional sessions but does not discuss the quantity. Additionally, MTUS requires evidence of objective functional improvement for additional therapy. Hence, the request IS NOT medically necessary.

Re-evaluation unspecified: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The 32 year old patient complains of right foot and ankle pain, rated at 6/10, as per progress report dated 01/29/15. The request is for RE-EVALUATION UNSPECIFIED. There is no RFA for this case, and the patient's date of injury is 06/18/13. Diagnoses, as per progress report dated 01/29/15, included right ankle and right foot sprain/strain, and neuroma like pain in medial portal. The patient is status post endoscopic plantar fasciectomy on 05/14/14. The patient is temporarily totally disabled, as per the same progress report. Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In progress report dated 01/29/15, the treater is recommending a re-evaluation but does not discuss the request in detail. It is not clear if the re-evaluation will be performed by the primary care physician or by a specialist. Nonetheless, given the patient's persistent symptoms, the request for a re-evaluation is reasonable and IS medically necessary.