

<b>Case Number:</b>	CM15-0050012		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/21/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 39 year old female, who sustained an industrial injury on 9/21/2014. The current diagnoses are ankle joint pain and tarsal tunnel syndrome. According to the progress report dated 2/17/2015, the injured worker complains of right ankle pain with radiation to the leg. The pain is described as intermittent, aching, burning, and stabbing. The pain is associated with anxiety and difficulty sleeping. The pain is rated 6/10 on a subjective pain scale. The current medications are Norco. Treatment to date has included medication management, podiatry consult, MRI, immobilization, and electrodiagnostic testing. The plan of care includes 6 acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six acupuncture:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The patient presents with pain in the right ankle pain, rated 10/10, with numbness and tingling. The request is for six acupuncture. Physical examination to the right ankle on 02/17/15 revealed tenderness to palpation over the medial aspect. Range of motion was limited. Patient wears a boot over the ankle and her gait is antalgic. MRI findings of the right ankle, date unspecified, showed tarsal tunnel syndrome. Per 03/02/15 progress report, patient's diagnosis include joint pain ankle and tarsal tunnel syndrome. Patient's medication, per 02/04/15 progress report include Norco. Per 03/02/15 progress report, patient is totally temporarily disabled until April 15, 2015.9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." In this case, the patient complains of right ankle pain. In progress report dated 03/02/15, it is stated that the patient has seen a podiatrist who is requesting surgery for her right ankle. In review of the medical records provided, there were no records of prior acupuncture therapy. Given the patient's symptoms, a trial of acupuncture would be appropriate. Therefore, the request IS medically necessary.