

Case Number:	CM15-0085658		
Date Assigned:	05/07/2015	Date of Injury:	11/03/2012
Decision Date:	06/10/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/04/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 51 year old male who sustained an industrial injury on 11/03/2012. Current diagnoses include right ankle internal derangement, right ankle strain/contusion with resulting tarsal tunnel syndrome and plantar fasciitis. Previous treatments included medication management, physical therapy, and acupuncture. Previous diagnostic studies include an MRI of the right ankle. Report dated 02/12/2015 noted that the injured worker presented with complaints that included right foot numbness with sole and heel pain upon ambulation, and intermittent right ankle pain. Pain level was not included. Physical examination was positive right ankle tenderness to palpation about the tarsal tunnel plantar fascia insert, the Achilles insert, and longitudinal arch. The treatment plan included a medical re-evaluation, request for report, and a prescription for Motrin. Disputed treatments include additional acupuncture 2 x 4 for the right ankle and a follow up visit with the podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2x4 for the right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Guidelines state that acupuncture is an option when pain medication is reduced or not tolerated and is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3-6 treatments. In this case, the patient completed twenty acupuncture sessions and the documentation does not identify any subjective improvement. The request for additional 2 x 4 acupuncture sessions for the right ankle is not medically necessary.

Follow-up visit with a Doctor of Podiatric Medicine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

Decision rationale: Guidelines state the frequency of follow up visits should be dictated by an applicant's clinical status, presentation, and physical examination findings. In this case, the documentation does not substantiate the need for a follow up visit. The request for a follow up podiatry visit is not medically appropriate and necessary.