

Case Number:	CM14-0162137		
Date Assigned:	10/07/2014	Date of Injury:	11/18/2013
Decision Date:	10/31/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is a licensed Chiropractor and Acupuncturist and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old male who reported cervical pain, low back pain and pain in her left knee, ankle and foot from an injury sustained on 11/18/2013. Patient was assisting a student and as she turned away from the student's desk her foot got caught in a chair causing her to trip over another student's chair. An X-ray of the left ankle on 03/13/14 revealed mild narrowing involving the 2nd and 3rd tarsometatarsal joint, consistent with arthritis in the area. The left ankle demonstrates slight narrowing involving its posterior aspect, mild osteophyte formation off the anterior distal tibia. MRI of the left ankle dated 04/10/14 revealed the following: advanced chronic plantar fasciitis with a large nonedematous calcaneal spur, early degenerative/arthritis changes affect the tibiotalar articulation, subchondral cystic changes and bone marrow edema, similar less pronounced changes effect the subtalar joints, there is a moderate to advanced chronic sprain of the deltoid ligament. MRI of the left knee on 04/10/14 revealed the following: small joint effusion, degenerative changes for the chondromalacia patella and plica, lateral meniscus reveals changes of meniscal degeneration without discrete communicating meniscal tearing, medial meniscus is diminutive in size through the mid zone with an oblique tear with broad communication with the intra-articulating surface and coupling truncation along the free edge, diffuse tearing affects the intra-articulating and free edge of the posterior horn. MRI of the lumbar spine on 07/22/14 revealed the multilevel disc extrusions and mild lumbar spondylotic changes. Patient is diagnosed with posterior tibial tendon dysfunction, knee pain, and chondromalacia of patella, cervical pain, low back pain and DDD lumbar. Patient has been treated with medication, physical therapy, cortisone injection, PRP injection, topical anti-inflammatory, braces and acupuncture care. Per notes dated 09/02/14, patient states her main concern is her ankle pain. She states she has continued pain in the knee which she says is sore because she is constantly on her feet at work. Upon examination there is tenderness to palpation

in paraspinal muscled bilaterally. There is full ROM in the cervical spine with tightness at terminal motion. There is mild flattening of the lumbar spine with lordosis noted. There is tenderness over the medial joint of the left knee, retinaculum s tender. Primary treating physician requested 1 visit X6 weeks which was denied. Patient has had prior acupuncture treatments; however, there is no documented functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6 (IW has completed 8 sessions to date): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 1X6 acupuncture treatments are not medically necessary.