

<b>Case Number:</b>	CM14-0210467		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/16/2007
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: Chiropractor, Oriental 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 52 year old male who reported left ankle pain from injury sustained on 08/16/07. The patient was struck by a forklift. There were no diagnostic imaging reports. The patient is diagnosed with status post ORIF medial malleolar fracture left ankle, sprain/strain of lumbar and cervical spine, sprain/strain of right shoulder and left knee. The patient has been treated with medication, ankle surgery open reduction with internal fixation, and physical therapy. Per medical notes dated 07/30/14, the patient continues to complain of left ankle, low back, upper back, neck and left knee pain. Per medical notes dated 10/27/14, patient complains of neck, low back, and right shoulder, left knee, left ankle pain, anxiety, and depression. The patient has not had prior Acupuncture treatment. The provider requested 8 acupuncture sessions which were modified to 3 by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Therapy 2 x 4 (8 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per the MTUS Acupuncture Guidelines pages 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". The patient has not had prior Acupuncture treatment. Provider requested 8 acupuncture sessions which were modified to 3 by the utilization review. Per guidelines 3-6 treatments are supported for an initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. The requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.