

Case Number:	CM14-0218565		
Date Assigned:	01/08/2015	Date of Injury:	01/18/2013
Decision Date:	03/04/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/30/2014

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:

This is a 46 year old female who suffered an industrial related injury on 1/18/13. A physician's report dated 11/3/14 noted the injured worker complains of moderate pain in her low back, bilateral knees and left ankle. She states that when she walks without her left ankle brace, her symptoms are exacerbated. Because of her antalgic gait due to her left ankle injury, she complains of increased pain in her bilateral knees. A physician's report dated 12/1/14 noted the injured worker had complaints of low back, bilateral knee, and left ankle pain. The physical examination of the lumbar spine revealed palpable tenderness with related spasms. Restricted range of motion and tenderness to palpation was noted with myospasms. Tenderness to palpation and limited range of motion was noted in bilateral knees. Tenderness with palpation around the anterior and lateral regions of the left ankle was noted. Limited range of motion was noted with pain following internal rotation of the left ankle. The diagnosis was noted to be left ankle posterior tendon tear. On 12/26/14 the utilization review (UR) physician denied the request for acupuncture 2x4 for the left ankle. The UR physician noted the Medical Treatment Utilization Schedule guidelines state no quality studies exist for acupuncture for the ankle. There for the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain 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 not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture treatments which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. 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. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.