

Case Number:	CM15-0102278		
Date Assigned:	06/04/2015	Date of Injury:	09/20/2012
Decision Date:	07/03/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/27/2015

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: 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 55 year old female, who sustained an industrial injury on 9/20/12. She reported initial complaints of falling off a stool twisting right foot/ankle. The injured worker was diagnosed as having osteoarthritis, localized, secondary, involving ankle and foot. Treatment to date has included urine drug screening; medications. Currently, the PR-2 notes dated 4/8/15 indicated the injured worker returns to this office as a follow-up for complains of back pain with radiation for the right leg. She also complains of pain in the right ankle/foot and notes the foot hurts when lying down. The pain is associated with numbness in the right foot and weakness in the right leg. It is described as frequent to constant with severity in intensity. She takes Norco and it is helping the pain and denied any side effects. The injured worker rates the pain as 8/10 which is the same since her last visit. It is described as sharp, throbbing, dull, aching, pressure-like, cramping, shooting and burning with needles sensation. The pain increases with bending forward, backwards standing, walking, doing exercise and lying down and remarks she cannot relax. Observation of the injured worker is documented as in no acute distress and ambulates without assistance or device with a normal gait pattern. Physical examination of the lumbar spine reveals range of motion is full, including lumbar flexion, extension, lateral bending and rotation. There is a negative straight leg raise bilaterally in the seated and supine position 30 degrees. Exam of the right foot reveals no edema or erythema. There is slight tenderness to palpation over the lateral aspect of the foot. Sensory exam notes grossly intact to light touch and pinprick throughout the lower extremities. The provider's treatment plan includes a request for a podiatrist consultation for chronic foot pain; continue medications of Omeprazole, Motrin and Norco. The provider is also requesting acupuncture for the right foot - 9 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Right Foot - 9 Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 4/23/15 UR determination denied the request for 9 additional Acupuncture visits to the patient right foot citing CAMTUS Acupuncture treatment. The reviewed medical records failed to provide evidence of pain modification or objective functional gains following a prior course of care sufficient to satisfy the CAMTUS Acupuncture Treatment Guidelines for consideration of additional care. The reviewed documents failed to support the medical necessity for additional Acupuncture care by providing objective clinical evidence of functional improvement as required by the CAMTUS Acupuncture Treatment 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. Therefore, the requested treatment is not medically necessary.