

<b>Case Number:</b>	CM15-0015488		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/13/2006
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: 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 was a 51 year old male, who sustained an industrial injury, July 13, 2006. The injured workers chief complaint was pain in the right knee and ankle. The injured worker was diagnosed with right ankle internal derangement, right ankle surgery on September 13, 2011, ambulation dysfunction and right ankle ossification. The injured worker previously received the following treatments right ankle surgery, electro-acupuncture times 6 treatments and X-rays. According to progress note of January 20, 2015, the injured worker was receiving benefit from recent trail of electro-acupuncture with functional improvement. The physical exam noted tenderness in the right ankle joint. Motor strength was 5/5 in the lower extremities. There was a well healed surgical scar on the right ankle joint. The injured worker walks with a slight limp. On December 23, 2014, the primary treating physician requested more sessions of electro-acupuncture times 8 sessions for the right ankle. On January 12, 2015, the UR denied authorization for therapy for electro-acupuncture times session for the right ankle. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro-acupuncture x 8 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:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documented with previous care. After six acupuncture sessions rendered in the past (reported as beneficial in symptom-medication reduction), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 8) exceeds the guidelines without a medical reasoning to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 8 is not supported for medical necessity.