

Case Number:	CM15-0118182		
Date Assigned:	06/26/2015	Date of Injury:	08/23/2014
Decision Date:	07/28/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/18/2015

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 is a 62-year-old male who sustained an industrial injury on 8/23/14 of a fall off a truck and landed with both heels on a pipe on the floor. Diagnoses are status post fall on both heels, bilateral heel contusion, left greater than right, and possible medial neuropathy with residual paresthesias. A left lower extremity electromyogram and nerve conduction study was done 12/1/14, the impression is no electro diagnostic evidence of tibial mononeuropathy across the left ankle, and there is electro diagnostic evidence of left peroneal neuropathy, not otherwise specified. An MRI of the right foot on 12/1/14 indicates trace fluid in the first metatarsal bursa compatible with mild bursitis. An MRI of the extension of the right ankle on 12/1/14 indicates plantar fasciitis with reactive bone marrow edema and spurring in the plantar inferior calcaneus, edema in the flexor digitorum brevis compatible with reactive edema, grade 1 strain, accessory os trigonum with mild spurring in reactive mode, small tibiotalar joint effusion, history of ganglion cysts along the lateral margin of the talar neck measuring approximately 6 x 8 mm, mild edema, synovitis in sinus tarsi, correlate clinically. An acupuncture progress note dated 3/24/15 reports he feels a little better since the last visit. Complaint of bilateral heel and foot soreness. He has bilateral tenderness to palpation at grade 2+, and on 3/31/15 complains walking is very painful. The plantar fascia is very tender to palpation. In a progress report dated 5/26/15, a primary treating physician notes the injured worker states the acupuncture did not help much but he notices it within an hour or two it just does not last long. No foot swelling, tender to palpation along the midtarsal area of both sides of feet, better today for dorsiflexion and plantar flexion compared to the previous exam, and strength is 5/5 bilaterally. Pain is rated as 7/10 and

was previously 6/10. Work status is return to modified work with restrictions. Previous treatment includes at least 13 physical therapy visits, home exercise program, at least 9 acupuncture sessions, Naprosyn, Norflex, Flector patch, and topical pain cream. The requested treatment is acupuncture, four sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 4 Sessions: 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 read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions (reported as temporary beneficial in reducing symptoms), the patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity. Therefore, this request is not medically necessary.