

Case Number:	CM15-0125273		
Date Assigned:	07/09/2015	Date of Injury:	02/18/2014
Decision Date:	08/12/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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 39-year-old male with an industrial injury dated 02/18/2014. His diagnoses included right foot and ankle contusion and grade 2/3 sprain/strain. Prior treatment included medications, physical and manipulative therapy, injections and extracorporeal shockwave treatment. He presents on 04/29/2015 stating that therapy and shockwave was helping the foot and ankle but still had some weakness and pain there. Physical exam of the right ankle there was diffuse swelling with associated tenderness to palpation. Range of motion was restricted. The treatment plan included acupuncture and continuing shock wave therapy. The treatment requested is for acupuncture for the right ankle, 6 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 ankle, 6 visits: 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: The Ur determination dated 6/23/15 denied the request for additional Acupuncture, 6 visits to the patient right ankle citing CAMTUS Acupuncture Treatment Guidelines. The reviewed medical records of prior treatment applications and concurrent treatment applications failed to support the medical necessity for an additional passive morality to manage residual ankle deficits. There was no clinical reporting that the continuing care with the addition of Acupuncture was to incorporate any physical rehabilitation on a self-managed basis. The medical necessity for introduction of Acupuncture 6 visits to the right ankle was not supported by the records reviewed or the referenced CAMTUS Acupuncture Treatment Guidelines.