

<b>Case Number:</b>	CM15-0127454		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 57 year old male patient who sustained an industrial injury on 08/11/2014. The worker was hired as a sales associate and noted with injury during work when a cart full of counter tops tripped and fell over onto the worker with resulting injury. He was evaluated and initially treated with temporary disability, Ibuprofen, Norco and Keflex/Clindamycin (cellulitis). He was referred for a course of physical therapy treating the right ankle. He had since changed his employer having had taken a more sedentary job. A recent primary treating follow up visit dated 05/04/2015 reported the treating diagnoses as: late effect of fracture of lower extremities; strain/sprain of ankle, and open wound knee, leg, ankle without mention of complication. The patient is expected returning to regular duty work on 05/04/2015. He was with subjective complaint of having rib pain, leg injury, ankle injury, and foot and hand injuries. Previous treatment modality to include: activity modification, Ibuprofen, multiple physical therapy session, braces. There is recommendation for him to undergo chiropractic care. There is mention of maximal medical improvement date pending trial of acupuncture. He is prescribed regular work duty. Another follow up dated 01/02/2015 reported current treating diagnoses as: left thigh contusion; right single rib fracture, sequela; right ankle sprain, and right ankle later malleolus fracture non-displaced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) acupuncture sessions 2 times a week for 4 weeks for right ankle/calf and left thigh:** 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 extension of acupuncture care 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." Despite that six sessions of acupuncture were previously authorized, the reporting does not indicate how many of those visits were completed and gains obtained, if any. Therefore, when the authorized care is completed, a re-evaluation at that time would determine whether additional care is needed. Secondly, the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, based on the previously mentioned, the additional acupuncture x 8 is not medically necessity.