

Case Number:	CM15-0128675		
Date Assigned:	07/15/2015	Date of Injury:	10/11/2010
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/02/2015

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 39 year old female, who sustained an industrial injury on October 11, 2010. She reported right ankle pain. The injured worker was diagnosed as having a right ankle sprain. Treatment to date has included MRI, acupuncture, electroacupuncture, chiropractic care, orthotics, urine drug screen, home exercise program. Currently, the injured worker complains of right ankle pain, swelling and discomfort rated at 3-10 on 10 and described as sharp, stabbing, pinching, tingling pressing and numbness. Her symptoms are exacerbated by walking and standing. The injured worker is currently diagnosed with right ankle sprain-strain, chronic right ankle pain and right ankle internal derangement. The injured worker is not currently working. A note dated April 23, 2015 states the injured worker experienced pain relief from electro-acupuncture treatments. A note dated June 8, 2015 states there is local tenderness in the right ankle region. The note also indicates the injured worker is experiencing pain relief with medication. The following treatment, acupuncture for the right ankle 8 sessions, (2 times a week for 4 weeks) is requested to continue to provide the injured worker pain relief.

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 2 times a week for 4 weeks: 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. Also the 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 (provider reported them reported as beneficial), the patient continues symptomatic, taking oral medication and no evidence of any objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) 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. In addition the request is for acupuncture x 8, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.