

Case Number:	CM15-0176176		
Date Assigned:	09/17/2015	Date of Injury:	01/14/2014
Decision Date:	10/28/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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, Montana
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 67 year old female, who sustained an industrial injury on 01-14-2014. She has reported injury to the right ankle. The injured worker has been treated for sprain of ankle with avulsion fracture; Morton's neuroma; and plantar fasciitis. Treatment to date has included medications, diagnostics, activity restrictions, and acupuncture. Medications have included Norco, Celebrex, and topical compounded cream. A progress report from the treating provider, dated 07-29-2015, documented a follow-up visit with the injured worker. The injured worker reported history of left ankle avulsion fracture; pain is rated at 4 to 9 out of 10 in intensity; pain increases with weight bearing; and pain decreases with rest. Objective findings included deep tendon reflexes positive on the left; tender left ankle, lateral malleolus; and pulses intact. An acupuncture progress note, dated 08-06-2015, documented pain on the left foot, ankle (outer lateral side); pain spreads to third, fourth, and fifth toes; getting less pain after acupuncture treatment overall; and the pain seems reduced, but not much. The treatment plan has included the request for acupuncture visits #10. The original utilization review, dated 08-10-2015, non- certified a request for acupuncture visits #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture visits # 10: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 10 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 10 acupuncture treatments are not medically necessary.