

<b>Case Number:</b>	CM15-0062629		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: 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 25-year-old male patient who sustained an industrial injury on 03/07/2014. The initial occupational report of illness dated 03/07/2014 reported the patient with subjective complaint of having twisted his ankle/foot. He is now with complaint of severe pain and difficulty bearing weight. The plan of care involved prescribing Nambutone and rest. The patient was to return to a modified work duty. Prior treatment to include: acupuncture therapy, chiropractic care, ankle splint, crutches, air walker, ice and medications. He is taking Nabumetone BID. Previous diagnostic testing to include nerve conduction study, and a functional capacity evaluation. On 09/03/2014, recommendation for additional acupuncture sessions was made. A primary treating office visit dated 04/24/2014 reported chief complaint of right foot/ankle pain. The patient states he is in severe pain and with difficulty bearing weight. Of note, he has missed multiple visits with multiple attempts to contact the patient. He has been discharged from our care. He is diagnosed with strain, right ankle; persistent symptoms. Per an acupuncture note dated 10/3/14, the claimant has low back and right ankle pain and has received 32 visits. The condition is slowly improving.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective electro-acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had extensive prior acupuncture of at least 32 sessions. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.