

Case Number:	CM15-0067883		
Date Assigned:	04/15/2015	Date of Injury:	05/21/2014
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/09/2015

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 55 year old male who sustained an industrial injury on 5/21/14 when he was struck in the right leg and foot with and eighty pound object with immediate pain in his right shin and right big and second toe area. He had x-rays which were negative for fracture, foot boot, pain medication and physical therapy. In addition he developed cumulative trauma injury to his left hand with pain. The initial diagnosis was plantar fasciitis of the right foot and contusion of the right foot. He is currently complaining of continuous pain in the right foot, big and second toe with radiating pain to the right leg and knee level (7-8/10); continuous left hand/ wrist pain (5-7/10). He is not taking any medications as of 1/9/15. Diagnoses include Plantar fasciitis, fibromatosis, right foot; contusion of the right foot; dorsal tenosynovitis of the right foot; right foot crush injury; chronic left hand pain; left wrist sprain. Treatments to date include injection into the dorsal aspect of the right foot (11/12/14) with decrease in symptoms. In the progress note dated 1/9/15 the treating provider's plan of care recommends acupuncture for the left hand twice per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks - left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore this request is not medically necessary.