MAXIMUS Federal Services

Case Number:	CM15-0069149		
Date Assigned:	04/16/2015	Date of Injury:	04/26/2014
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/13/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on April 26, 2014. The injured worker has been treated for right ankle complaints. The diagnoses have included healing malunion of a right lateral malleolus spiral fracture with displacement, right ankle traumatic synovitis, right ankle pain, right ankle chondromalacia of the talus and ankyloses of joint, ankle and foot. Treatment to date has included medications, radiological studies, acupuncture treatment, walker boot, physical therapy, a home exercise program and right ankle surgery. Current documentation dated March 12, 2015 notes that the injured worker reported right ankle pain and right leg and ankle swelling. Physical examination of the right ankle revealed marked swelling and a restricted range of motion. There was very minimal pedal edema of the right and left legs. The treating physician's plan of care included a request for acupuncture sessions to the right ankle, post-operative physiotherapy/chiropractic manipulation, right ankle brace and support stockings for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 sessions for the right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the request is for 12 sessions of acupuncture which exceeds guidelines for initial therapy. As such, the use of acupuncture x 12 sessions is not medically necessary.

Post-operative physiotherapy/chiropractic care manipulation x 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 58-60.

Decision rationale: The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. However, manual manipulation is not medically indicated for ankle, foot, carpal tunnel, forearm, wrist hand or knee conditions. In this case, the complaint is ankle pain and manual manipulation (chiropractic) is not medically necessary.

Ankle brace & support stockings, right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Bracing.

Decision rationale: CA MTUS is silent of this issue of ankle bracing. ODG section on Ankle, Bracing states that bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with

active and/or passive therapy to achieve optimal function. In the post-operative period of Achilles tendon repair, a brace may provide better return to function versus a cast. In younger patients with low risk ankle fractures, a removable brace is preferable to a cast. A brace or tape may be used to prevent relapse after an ankle sprain, but should be phased out over time In this case, there is no documented instability. Ankle brace is not medically necessary.