

Case Number:	CM15-0090977		
Date Assigned:	05/15/2015	Date of Injury:	02/25/2014
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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:

This 58 year old female sustained an industrial injury on 2/25/14. She subsequently reported left shoulder and right ankle. Diagnoses include left shoulder impingement syndrome, rotator cuff sprain, posterior tibial tendonitis and right ankle sprain. Treatments to date include x-ray and MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience right ankle pain. Upon examination, there was antalgic gait, range of motion is painful and limited and tenderness to the right posterior tibialis tendon noted. A request for Acupuncture 2 times a week for 6 weeks for the left ankle was made by the treating physician.

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 for the left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends 3-6 visits over 1-2 months to produce functional improvement. The guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of left shoulder and right ankle pain. According to the report dated 2/20/15, the patient received additional physical therapy and acupuncture sessions to the left shoulder and right ankle in mid-2014. The provider reported that the patient has already failed physical therapy as well as acupuncture. The request for 12 acupuncture session is not medically necessary at this time.