

<b>Case Number:</b>	CM15-0097734		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 female, who sustained an industrial injury on 6/06/2014. She reported twisting her left foot and ankle, when stepping down from a streetcar. The injured worker was diagnosed as having left foot and ankle sprain. Treatment to date has included diagnostics, ace support, surgical cast shoe, medications, steroid injection, physical therapy, modified work, and surgical intervention on 9/26/2014 (repair of lateral collateral ligaments and peroneal tendon exploration/repair). On 3/18/2015, the injured worker described continued improvement and was fully ambulatory, with function restored and mild incisional symptoms. She was receiving acupuncture treatments (unspecified) and using Lidoderm patches. She was felt to be at a permanent and stationary level, having reached maximum medical improvement. She was released to full duty without restrictions on 3/24/2015. Her gait appeared propulsive and non-antalgic. No edema or erythema was noted and range of motion was within normal limits. Motor strength was 5/5 and sensory exam noted minimal dysesthesia through the left ankle incision. The treatment plan included acupuncture for the left ankle, 2 x 6. A rationale for the requested treatment was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, twice weekly, left ankle, per 3/18/15 QTY: 12.00: Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 2 X 6 acupuncture sessions which were non-certified by the utilization review. On 3/18/2015, the injured worker described continued improvement and was fully ambulatory, with function restored and mild incisional symptoms. She was receiving acupuncture treatments (unspecified) and using Lidoderm patches. She was felt to be at a permanent and stationary level, having reached maximum medical improvement. She was released to full duty without restrictions on 3/24/2015. Her gait appeared propulsive and non-antalgic. No edema or erythema was noted and range of motion was within normal limits. Motor strength was 5/5 and sensory exam noted minimal dysesthesia through the left ankle incision. Requested visits exceed the quantity supported by cited guidelines. Per medical records patient has achieved maximal medical improvement and is considered P&S. Per review of evidence and guidelines, 2 X 6 acupuncture treatments are not medically necessary.