

<b>Case Number:</b>	CM13-0015088		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and Acupuncture, and is licensed to practice in California. 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 physician 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/services.

### 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 claimant is a 56-year-old woman who was involved in a work related injury on 5/12/12. Her primary diagnosis is left foot pain. She has had laser treatment, physical therapy, oral medications, and acupuncture. According to a QME dated 8/6/2013, the reviewer documents that the claimant has had 12 sessions of acupuncture. He also states that while she was attending acupuncture, it was helping her foot move better even though the pain was still there. She has constant pain on the top of her left foot and it flares up based on activity. The pain is stabbing and burning and she does not tolerate the weight of shoes, bed sheets, sunshine and prolonged standing. The pain wakes her up at night and her activity limit is 20 minutes of walking. An electromyography (EMG) shows that she has slight reduction in her left superficial peroneal sensory nerve amplitude. Prior acupuncture has been stated to be "tremendously helpful." However no specific objective functional gains or reduction of medication are documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture, eight (8) visits, two (2) times per week for four (4) weeks, for the left foot:** 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:** The Acupuncture Guidelines indicate that further acupuncture visits after an initial trial is only medically necessary with documented functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions. The primary treating physician states in his appeal on 7/30/2013, that he documented improvement in his progress report of 3/12/2013. However, the note only states that "both acupuncture and massage have been helpful." This statement is not sufficient to document functional improvement. On 3/28/13, the employee's podiatrist states that acupuncture is helping relieve some of her symptoms of burning pain. This also is not sufficient enough to document as functional improvement. The request for additional acupuncture, eight (8) visits, two (2) times per week for four (4) weeks, for the left foot is not medically necessary and appropriate.