

<b>Case Number:</b>	CM13-0029060		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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. The physician reviewer is licensed in Chiropractic has a subspecialty in 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year-old female who reportedly developed bilateral plantar fasciitis during the course of her work and reported this as an injury on 06/16/2011. The patient claims she remained symptomatic despite conservative treatment that included medications, orthotics, night splint, exercises, physical therapy, and local steroid injection. On 09/27/2012, the patient subsequently underwent extracorporeal shockwave treatment for the left foot which allowed improvement through 02/2013. On 04/04/2013, the right plantar fasciitis was also treated with ECSWT. Per the documentation dated 09/13/2013, the patient is still having continued bilateral heel pain and tenderness of the plantar fascia bilaterally as documented in the follow-up report dated 07/01/2013. The physician is now requesting acupuncture to treat the bilateral plantar fasciitis at one visit a week for ten weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to treat bilateral plantar fasciitis one (1) visit a week for ten (10) weeks:**

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 California Acupuncture Medical Treatment Guidelines have been referred to in this case, and refer to acupuncture as being used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It further states that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Although the documentation states the patient is still having continued bilateral fasciitis, this is based on the most recent documentation which is dated 09/13/2013. Therefore, there is no current documentation indicating the patient is being referred for any other treatment modalities to use in conjunction with any acupuncture treatment. As such, the request does not meet guideline criteria at this time and is non-certified.