

Case Number:	CM13-0040026		
Date Assigned:	12/20/2013	Date of Injury:	07/10/2005
Decision Date:	02/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/09/2013

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 expert reviewer is licensed in Chiropractic, has a subspecialty in 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 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 32 year old female with a date of injury of 7/10/2006. According to the progress report dated 6/26/2013, the patient complained of chronic feet pain. The patient reported to stand on her feet longer, tolerate activities of daily living for longer periods, become more independent, and did not take any prescribed pain medications. Her pain score was 4-5 without medication and 2-3 with medications. Significant objective findings include joint pain and swelling and negative for back pain and muscle weakness. The patient was diagnosed with abnormal gait, obesity, unspecified disorder of synovium, tendon, and burs, pain in joint involving ankle and foot, muscle/tendon reconstruction, plantar fasciitis, chronic pain due to trauma, and split tear of the left peroneal brevis tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 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: The Acupuncture Medical Treatment Guidelines state that acupuncture treatment may be extended if functional improvement is documented as defined in section

9792.20(f). The Utilization Review dated 7/10/2013 authorized three additional acupuncture sessions based on documentation of functional improvement from prior acupuncture treatments. According to the letter dated 6/25/2013 by the providing acupuncturist [REDACTED], the patient's pain was decreased to 1/10, which proves the ability to do more activities around the house, improvement in sleep, and general pain index questionnaire reduced from 36 to 14 showing a 22 point difference. There was no documentation of improvement after the authorized acupuncture visit. Therefore, the provider's request for 12 additional acupuncture sessions is not medically necessary at this time.