

<b>Case Number:</b>	CM14-0001861		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Addiction Detoxification 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:

On 12/3/13, date of the utilization review determination, the claims administrator did not find it reasonable for the applicant to receive acupuncture therapy and did not certify such. No documentation of the applicant currently involved in an active physical rehabilitation program, medicine reduction program, intolerance to medications or having daily living functional improvement goals documented; all as per MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE, 3 TIMES A WEEK FOR 8 WEEKS, FOR THE LEFT FOOT:** Upheld

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

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

**Decision rationale:** Unfortunately, documentation is not provided of expected measurable goals of functional improvement with the applicants daily activities, of involvement in an active physical rehabilitation program or involvement in a program to reduce her pain medication at the time this request was submitted. Therefore, acupuncture therapy is not medically necessary and appropriate.