

<b>Case Number:</b>	CM14-0014729		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	01/28/1995
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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 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 claimant is a 52 year old female who sustained a work related injury on 1/26/1995. Six acupuncture sessions were certified as an initial trial on 1/30/2014. Prior treatment includes surgery, a boot, home stretching, and oral medication. Her diagnoses are chronic recalcitrant Achilles tendonitis and retrocalcaneal bursitis and right heel. Per a PR-2 12/27/2013, she also has substantial wound healing problems with the prior surgery. The claimant has had a flare up of her sciatica and work increased her pain. She had two self-paid acupuncture sessions that helped.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE SESSIONS QUANTITY: 8:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had an acupuncture trial approved, however the provider failed to document

functional improvement associated with the completion of her acupuncture visits. If this is a request for an initial trial, eight visits exceeds the maximum amount for a trial. Therefore, the request is not medically necessary.