

<b>Case Number:</b>	CM14-0164855		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/15/2009
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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, 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 63-year-old female with a date of injury of 8/15/2009. According to the progress report dated 8/25/2014, the patient complained of bilateral foot pain. Weight bearing was noted to be intolerable. The patient is able to stand 15 minutes and walk for 15-20 minutes. The pain was rated at 6/10 and was described as moderate intermittent and sharp. Pain was increased with walking over uneven ground. Significant objective findings include tenderness in the plantar fascia especially at the medial arch and calcaneus insertion. There was tenderness over the left base 5th metatarsal. The gait was slow and guarded. The patient was diagnosed with bilateral foot plantar fasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two times a week for four weeks for the bilateral feet:** Upheld

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

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

**Decision rationale:** The provider's request for 8 acupuncture sessions to the bilateral feet is not medically necessary at this time. The guideline recommends a trial of 3-6 visits over 1-2 months to produce functional improvement. The patient was authorized 6 visits out of the 8 requested

for a trial of acupuncture, which is recommended in the guideline. The guideline states that acupuncture may be extended if there is documentation of functional improvement. There was no functional improvement to warrant an additional acupuncture sessions at this time.