

<b>Case Number:</b>	CM14-0026408		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 26-year-old female who sustained an injury to her left foot on 04/16/12 after she received second and third-degree burns. The exact mechanism of injury was not documented. A clinical note dated 02/14/14 reported the injured worker continued to complain of left foot and ankle pain that is hypersensitive to touch and exacerbated by applying pressure or weight to the right foot. The pain was rated at 9/10 on the Visual Analogue Scale (VAS). The diagnostic impression revealed the injured worker had sustained second and third-degree burns that had resolved. Scarring and discoloration of the anterior and lateral foot remained; the patient was diagnosed with tenosynovitis in the left foot and complex regional pain syndrome of the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIRO REQUESTING 12 SESSIONS OF ACUPUNCTURE TO LEFT FOOT:** Upheld

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

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

**Decision rationale:** The request for 12 visits of acupuncture to the left foot is not medically necessary. The previous request was denied on the basis that the clinical evaluation does not

support a diagnosis of complex regional pain syndrome. The injured worker had no clinical features suggestive Complex regional pain syndrome (CRPS). There was no indication the patient is intolerant of medications, has had side effects or does not wish to take oral medications. Physical examination did not note any allodynia, temperature or color changes other than the noted healed scar tissue. In concurrence with the previous denial, medical necessity of the request for twelve visits of acupuncture to the left foot has not been established.