

<b>Case Number:</b>	CM14-0046059		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 a licensed Chiropractor and Acupuncturist 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 injured worker is a 36 year old male who reported right foot/ ankle pain from injury sustained on 09/27/10 when the tire of a loaded pallet jack went over his right foot. There were no diagnostic imaging reports. Patient is diagnosed with pain in the ankle and foot, arthropathy not otherwise specified of ankle and foot and chronic pain syndrome. Patient has been treated with medication and therapy. Per medical notes dated 01/27/14, patient complains of left lower extremity pain and right lower extremity pain. Pain is rated at 9/10 and described as aching and pricking. It radiates to the left thigh, right thigh, right leg and foot. Per medical notes dated 02/24/14, patient complains of right lower extremity. Pain is rated at 7/10 and is described as aching, dull, sharp and radiates to the right foot. Medication is helping with pain. Primary physician is requesting initial course of acupuncture treatment which was modified to 6 treatments by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the right foot/ankle 2x3:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has not had prior Acupuncture treatment. Per medical notes dated 02/24/14, patient complains of right lower extremity pain rated at 7/10. Primary physician is requesting initial course of Acupuncture treatment which was modified to 6 treatments by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.