

<b>Case Number:</b>	CM14-0053092		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/31/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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:

Claimant is a 38 year old female who sustained a work related injury on 8/31/2013. Her diagnoses are plantar fascial fibromatosis, calcaneal spur, edema, pain in the foot, and sprain/strain of ankle. Per a PR-2 dated 3/19/2014, the claimant is better overall with acupuncture treatment. She has 24 visits of physical therapy and she believes that her pain has diminished as a result of her treatments. She is working with restrictions of limited walking/standing of 2 hours and seated duty 75-80% of the shift. She has also had medications, orthotics, and bracing. Per a Pr-2 dated 2/24/14, the claimant's left foot pain is better with acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture without stimulation 15 minutes:** 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 prior acupuncture and has reported subjective improvement. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. The claimant is also receiving concurrent physical therapy. Without documentation on specific functional gains from acupuncture, further acupuncture is not medically necessary.