

<b>Case Number:</b>	CM14-0065947		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Care 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 injured worker is a 47 year old male who reported right ankle pain from injury sustained on 8/14/12 when he twisted his ankle while getting off a truck. An MRI of the right ankle revealed a partial tear of the anterior talofibular ligament; tarsal coalition of the calcaneus; navicular with fibrous union and degenerative changes at the medial cuneiform- navicular articulation. The patient is diagnosed with chronic eversion ankle sprain and right plantar fasciitis. He has been treated with medication and therapy. Per medical notes dated 02/25/14, the right foot pain is rated at 5/10 with numbness and tingling with swelling and limping. Per the medical notes dated 03/03/14, the patient complains of right foot pain rated at 5/10 with numbness and tingling. The primary physician is requesting an initial trial of 8 acupuncture treatments which were modified to 6 treatments by the utilization reviewer. The requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

### 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 Three Weeks Right Ankle:** Upheld

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

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

**Decision rationale:** 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 is: 3-6 treatments; Frequency: 1-3 times per week; Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has not had prior acupuncture treatment. Per guidelines, 3-6 treatments are supported for an initial course of acupuncture with evidence of functional improvement prior to consideration of additional care. The requested visits exceed the quantity of the initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS states that 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 a review of the evidence, the request is not medically necessary.