

<b>Case Number:</b>	CM14-0095938		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 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:

The injured worker is a 45 year old male who reported left foot and ankle pain from injury sustained on 03/01/13 when a red hot metal fell onto the lateral foot and ankle causing burn injury. MRI (11/20/12) of the left ankle revealed small calcaneal spur, mild plantar fasciitis and mild edema with sinus tarsi. MRI (11/20/13) of the left foot was unremarkable. Electrodiagnostic studies revealed distal tibial neuropathy affecting the left medial plantar nerve. Patient is diagnosed with abnormality of gain. Patient has been treated with medication, physical therapy, surgery and acupuncture. Per medical notes dated 03/13/14, patient complains of left ankle and foot pain. He ambulates with a single point cane and a significant antalgic gait with very limited dorsiflexion. Per medical notes dated 05/08/14, patient states that acupuncture treatments were helping significantly and he would like to continue. His left foot remains stiff with everted supinated position. Patient ambulates with single point cane and significant analgia. Range of motion of left foot and ankle are severely limited with patient unable to dorsiflex or raise toe. Patient reports over 50% relief in his pain and this lasted during the time that he was getting acupuncture and several weeks after. Primary treating physician is requesting addition 2X6 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Acupuncture for Left Ankle, Foot (2x for 6 weeks): 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 page 8-9. "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 had prior acupuncture treatment. Per medical notes dated 05/08/14, patient reported over 50% relief in his pain and this lasted during the time that he was getting acupuncture and several weeks after. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 2X6 acupuncture treatments are not medically necessary.