

<b>Case Number:</b>	CM15-0125438		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

### 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 48 year old female, who sustained an industrial injury on 7/03/2014. She reported a crushing injury to the right foot. Diagnoses include right foot pain and right foot fracture. Treatments to date include activity modification, medication therapy, physical therapy and acupuncture treatments. Currently, she complained of constant right foot pain and cramping. The pain was rated 9/10 VAS. On 5/26/15, the physical examination documented bruising on the right foot. The treating diagnoses included a closed fracture of the foot/phalanges and right ankle/foot joint pain. The appeal request was to authorize six addition acupuncture treatments, two times a week for right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 2 times wkly for 3 wks, Right Lower Extremity, 6 sessions:** Upheld

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment". After an unknown number of prior acupuncture sessions (unreported gains), no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, or activities of daily living improvement, the additional acupuncture x 6 are not medically necessary.