

<b>Case Number:</b>	CM13-0016008		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 physician 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 patient is a 57 year old female who reported an injury on 01/03/2011. The mechanism of injury was not provided in the medical record. There was no clinical information provided in the medical record. There were no progress notes, or diagnostic reports to specify the patient's injury, level of impairment, and /or the need for the requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture Page(s): 1,8 ,9.

**Decision rationale:** California MTUS guidelines suggest that acupuncture is used as an option when pain medications is reduced or is not tolerated. Acupuncture can be used with physical therapy and/ or surgical interventions. However, there was no clinical information provided in the medical record to suggest the patient had received or was receiving physical therapy, home exercise program, pain medication therapy or any other conservation therapies. As such, the request for Acupuncture x12 is non-certified.

**PT x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** There is no clinical documentation provided in the medical record at the time of request. Therefore, there are no medical findings to suggest the need for physical therapy at this time. There was no baseline or foundation to base any improvement or decline in patient condition. California MTUS recommends physical medicine for restoring flexibility, strength, endurance, function, range of motion, and alleviate discomfort. Since none of the fore mentioned information had been provided in the medical record, the request for physical therapy x 12 is non-certified.