

<b>Case Number:</b>	CM13-0042959		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 and rehabilitation, and is licensed to practice in New York and Texas. 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 33-year-old who reported an injury on 01/31/2013. The mechanism of injury was noted to be a fall. His diagnoses include lumbosacral radiculopathy, ankle tendonitis/bursitis, hip tendonitis/bursitis and knee tendonitis/bursitis. His symptoms were noted to include lumbar spine pain with radiation to the lower extremities and right ankle pain at the site of his open reduction and internal fixation surgery. His physical examination findings showed spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine as well as loss of range of motion, decreased sensation bilaterally in the L5 and S1 dermatomes, tenderness to palpation in the right ankle, decreased range of motion in the right ankle and a well-healed incision of the right ankle. It was noted that his medications would be refilled as they were providing him with pain relief and improving his function at his 10/07/2013 office visit. It was also noted that the patient would be returning to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy for the low back, hips, right knee, and right ankle:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, physical medicine is recommended for the treatment of unspecified neuralgia, neuritis and radiculitis at 8 to 10 visits over 4 weeks and for the treatment of unspecified myalgia and myositis at 9 to 10 visits over 8 weeks. The patient was noted to have symptoms of low back pain with radiation to his lower extremities and right ankle pain; however, there were no symptoms directly related to the patient's hips or knee. Additionally, objective findings were noted to include reduced range of motion in the lumbar spine and the right ankle; however, his range of motion values were not provided in the documentation. As the request for 12 sessions of physical therapy exceeds the guideline recommendation of 9 to 10 visits, the request is not supported. Additionally, the clinical information provided failed to show evidence of functional deficits related to the patient's bilateral hips and right knee; therefore, physical medicine treatment for these diagnoses is not supported. The request for twelve sessions of physical therapy for the low back, hips, right knee, and right ankle, are not medically necessary or appropriate.

**Eight sessions of acupuncture for the low back, hips, right knee, and right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Acupuncture Medical Treatment Guidelines, this treatment may be an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation to hasten functional gains. As the patient was not noted to have subjective or objective findings related to his bilateral hips or right knee at his recent office visits, acupuncture treatment is not supported by the evidence-based guidelines. Additionally, as the request for physical medicine was not approved, and as it is unknown as to whether the patient is currently participating in a home exercise program; the request for acupuncture as an adjunct to physical treatment is not supported. The request for eight sessions of acupuncture for the low back, hips, right knee, and right ankle, are not medically necessary or appropriate.