

Case Number:	CM13-0050112		
Date Assigned:	12/27/2013	Date of Injury:	11/25/2009
Decision Date:	03/10/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/11/2013

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 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 50-year-old female who reported an injury on 11/25/2009. The mechanism of injury was not provided for review. The patient ultimately underwent a lumbar fusion at the L4-5 level that was followed by a course of physical therapy. It was determined by the treating physician that the patient needed additional therapy. A prescription was written for 8 additional physical therapy appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective physical therapy treatment with electro acupuncture, chiropractic manipulation and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA ACU Guidelines Title 8, California Code of Regulations, Medical Treatment Utilization Schedule, Acupuncture Medical Treatment Guidelines.

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

Decision rationale: The retrospective physical therapy treatment with electroacupuncture, chiropractic manipulation and supplies for the dates of service of 06/27/2013, 06/06/2013,

06/05/2013, 05/22/2013, 05/20/2013, 05/14/2013 and 05/13/2013 was not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously received physical therapy treatment. However, the California Medical Treatment Utilization Schedule recommends that continued treatment be based on documentation of significant functional benefit. The clinical documentation submitted for review does not specifically address how acupuncture, chiropractic and other durable medical equipment provided significant functional improvement on the dates in question. Due to a lack of documentation to support the request, the medical necessity cannot be determined. As such, the retrospective physical therapy treatment with electroacupuncture, chiropractic manipulation and supplies for dates of service of 06/27/2013, 06/06/2013, 06/05/2013, 05/22/2013, 05/20/2013, 05/14/2013 and 05/13/2013 is not medically necessary or appropriate.