

Case Number:	CM13-0057838		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2012
Decision Date:	03/17/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/18/2013

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:

This is a 52-year old female with a date of injury of 9/12/12. She has history significant for slip and fall, twisting her ankle and landing on her back. She sustained a fracture to the left ankle, and sprain to the wrist and low back. She was later noted to also have sustained an L3 compression fracture. She was seen by an AME on 8/12/13. The AME was an orthopedic specialist and noted that this patient had attained maximal medical improvement on this date for final ortho AME diagnoses of left wrist strain, chronic low back pain, L3 compression fracture, s/p right ankle fracture, headaches, urinary incontinence, depression, anxiety and sleep disturbance. Future medical care included medications, physiotherapy for flare-ups, ortho access, diagnostic studies as necessary, weight loss program and a gym membership. This case was submitted to Utilization Review on 11/18/13 with requests for 12 sessions of acupuncture and 12 sessions of PT. The patient had never had acupuncture, and a trial of 6 sessions was authorized. To ensure that active treatment was concurrently being done with the passive treatment (acupuncture), 6 sessions of PT were also authorized. It is now submitted to IMR for reconsideration of the acupuncture and PT as a course of 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 visits for the left ankle and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This is a patient with a history of ankle and low back injury, however, was recently deemed to be permanent and Stationary with future medical care for flare-ups. Recent Utilization Review recommended a modified certification of 6 sessions of PT (rather than 12) to accompany a treatment modified request for acupuncture x 12. This was to ensure that active treatment was accompanying the acupuncture to make most of the effects. There is no report of flare, and the patient is P & S, there is no indication for an extended course of skilled care. Twelve (12) sessions of PT were not medically necessary.

Acupuncture 12 visits to the left ankle and lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acupuncture Medical Treatment Guidelines.

Decision rationale: Guidelines support a trial of acupuncture, with a trial defined as 3-6 sessions. For extension beyond a trial, guidelines require documented evidence of clinically significant objective and functional benefit/progression. This patient never had acupuncture, and an initial trial of 6, certified in Utilization Review as a treatment modification from the initial request of 12, was appropriate. There is no medically for a trial of 12 acupuncture sessions.