

<b>Case Number:</b>	CM14-0165311		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 46-year-old female with a 3/4/2014 date of injury. The exact mechanism of the original injury was not clearly described. A progress dated 8/26/14 noted subjective complaints of left ankle pain. Objective findings included non-tender left ankle. There is tenderness to pressure over the left wrist joint and normal ROM (range of motion). There is no swelling or tenderness over the left knee. There is no swelling or warmth of the hips. There is tenderness to pressure over the left greater trochanter with normal ROM. Diagnostic Impression: left wrist sprain, lumbar strain, left knee strain, left ankle sprain Treatment to Date: medication management, acupuncture, and physical therapy. A UR decision dated 9/9/14 denied the request for acupuncture 3 x 4 with massage for the left hip, left knee, and left lower extremity. Per the documentation the claimant has completed a course of acupuncture with "some relief". Pain relief and functional benefit was not quantified. It also denied physical therapy 3 x 4 for the left hip, left knee, and left lower extremity. The claimant has also attended physical therapy in the past. There is no documentation of what functional improvement was achieved with previous sessions or why the claimant needs to return to supervised exercise therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x4 with massage for the left hip, left knee, and left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, in the documents available for review, there is no clear documentation of objective functional benefit obtained from prior acupuncture sessions. Additionally, there are no significant findings noted on physical exam of the left hip, left knee, or left lower extremity. It is unclear why acupuncture with massage would be necessary. Therefore, the request for acupuncture 3 x 4 with massage for left hip, left knee, and left lower extremity was not medically necessary.

**Physical therapy 3x4 for the left hip, left knee, and left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6, page 114

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, there is no clearly documented objective benefit from prior physical therapy sessions. Additionally, there are no significant findings noted on physical exam of the left hip, left knee, or left lower extremity. It is unclear what problem additional physical therapy sessions would be addressing. Therefore, the request for physical therapy 3 x 4 for the left hip, left knee, and left lower extremity was not medically necessary.