

<b>Case Number:</b>	CM14-0170362		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 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 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 55 year-old patient sustained an injury on 10/30/12 from a trip and fall while employed by [REDACTED]. Requests under consideration include acupuncture two (2) times a week for six (6) weeks and physical therapy two (2) times a week for six (6) weeks. Diagnoses include Lumbosacral radiculitis. MRI of the right knee on 7/8/13 showed lateral meniscal tear and moderate chondromalacia. The patient is status post (s/p) knee arthroscopies. Conservative care listed physical therapy, chiropractic, and acupuncture along with medications and modified activities/rest. Report of 7/29/14 states patient with ongoing lower back pain radiating down calf to hip area on right side with pain rated at 6-7/10. Exam showed patient able to toe walk, heel walk and squat; back is non-tender but increased with extension; neurological exam showed intact sensation with 5/5 motor strength throughout. Treatment included MRI and electromyography (EMG)/nerve conduction velocity (NCV). Recent EMG/NCV of 9/4/14 showed chronic right S1 radiculopathy. MRI of lumbar spine on 9/8/14 showed multilevel disc disease at L3-5 with foraminal narrowing on right L3-S1. Report of 9/16/14 from the provider noted the patient with ongoing chronic low back and foot pain. No objective clinical findings were provider for treatment plan of PT and acupuncture. The requests for acupuncture two(2) times a week for six (6) weeks and physical therapy two (2) times a week for six (6) weeks were non-certified on 10/6/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two (2) times a week for six (6) weeks:** Upheld

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

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

**Decision rationale:** Current clinical exam show no physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has completed therapy without functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this 2012 injury with ongoing chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury or what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The acupuncture two (2) times a week for six (6) weeks is not medically necessary and appropriate.

**Physical therapy two (2) times a week for six (6) weeks:** Upheld

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

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

**Decision rationale:** Physical therapy (PT) is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased range of motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy two (2) times a week for six (6) weeks is not medically necessary and appropriate.

