

Case Number:	CM14-0178475		
Date Assigned:	10/31/2014	Date of Injury:	06/27/2010
Decision Date:	12/08/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/28/2014

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 licensed in Chiropractic and Acupuncture, 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:

Claimant is a 45 year old female who sustained a work related injury on 6/27/2010 . Prior treatment includes chiropractic, psychology, biofeedback, three knee surgeries, and at least 3 physical therapy sessions. Per a PR-2 dated 9/16/2014, the claimant has intermittent, throbbing, burning pain in the low back that radiates to the bilateral lower extremities and knees. PT has helped mildly and she has had 3 prior sessions. She also has right knee pain and it gives away. Her diagnoses are lumbar spine strain/sprain, right knee contusion, right fibular head avulsion, antalgic gait, DJD, and posterolateral instability. The request is for 12 sessions of physical therapy and acupuncture for the lumbar spine. She is on total temporary disability. She has antalgic gait favoring the right lower extremity and moves gingerly, with stiffness and protectively. She exhibits difficulty rising from sitting but does not use an assistive device for ambulation. She has 5-/5 motor strength in knee flexors and extenders on the right, and positive McMurray and SLR. Per a prior review dated 9/25/14, the claimant was certified for 6 visits of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Physical Therapy

Decision rationale: According to evidenced based guidelines, for the claimant's diagnoses of low back sprain, the claimant should have a total of ten visits over eight weeks with a trial of six visits. A request for 12 visits exceeds the recommended guidelines for a low back sprain. Also the total number of treatments to date has not been shown and there was only mild subjective improvement noted with the three treatments. There is no evidence of a objective functional improvement or a plan for fading of treatment frequency and active self-directed home physical medicine.

Acupuncture 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. Therefore further acupuncture is not medically necessary.

Transportation to and from office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: There is no medical evidence that the claimant cannot drive. According to the request, the claimant is unable to fully use the lower extremity without increased pain and is incapable of using the lower extremity for proper control as required for safe driving. However there is no objective documentation of any weakness or pain in the ankle flexors or extensors. Therefore the requested transportation is not medically necessary.