

<b>Case Number:</b>	CM14-0026342		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Orthopaedic Surgery 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:

The injured worker is a 79-year-old female was reportedly injured on June 17, 2010. The mechanism of injury is stated to be a fall. The most recent progress note dated March 5, 2014, indicates there are ongoing complaints of right leg pain and her right foot turning out. There are also complaints of continuing low back pain. The physical examination demonstrated mild tenderness over the posterior cervical and lumbar paraspinal muscles. There was an antalgic gait favoring the left foot and the right hip was noted to be externally rotated during ambulation. Current medications included Flector Patches. Previous treatment includes acupuncture, physical therapy, and the functional restoration program. There was a diagnosis of a cervical, thoracic, and lumbar sprain/strain. A request was made for acupuncture, and physical therapy for the right knee, right foot, and low back and was not certified in the pre-authorization process on January 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY ONCE A WEEK FOR SIX WEEKS TO THE RIGHT KNEE, RIGHT FOOT, AND LOW BACK:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Manual therapy and manipulation Page(s): 58.

**Decision rationale:** According to the most recent note in the medical record dated March 5, 2014, the injured employee has recently completed a functional restoration program which was stated to help improve the injured employee's stability, low back pain, and has developed a home exercise program. Considering that the injured employee previously had physical therapy and more recently a functional restoration program specifically developed for transition to home exercise it is unclear why there is the need for additional physical therapy. Without specific justification this request for physical therapy for the right knee, right foot, and low back is not medically necessary.

**ACUPUNCTURE TREATMENTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the most recent note in the medical record dated March 5, 2014, the injured employee has recently completed a functional restoration program which was stated to help improve the injured employee's stability, low back pain, and has developed a home exercise program. Considering that the injured employee previously had physical therapy and acupuncture and more recently a functional restoration program specifically developed for transition to home exercise it is unclear why there is the need for additional physical therapy and acupuncture. Without specific justification this request for acupuncture treatments, this request is not medically necessary.