

<b>Case Number:</b>	CM14-0188713		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 46 year-old patient sustained an injury on 9/11/12 while employed by [REDACTED]. Request(s) under consideration include Chiropractic treatment 2 times a week for 6 weeks and Acupuncture treatment 2 times a week for 6 weeks. Diagnoses include Cervical spine sprain/strain syndrome; s/p right hip arthroscopy with labral repair, femoral osteoplasty and capsular repair on 3/30/14. As of 5/19/14, the patient had received at least 18 pre-op physical therapy (PT) sessions and 24 post-op PT sessions with subsequent denials for physical therapy. Report of 8/13/14 from the provider noted the patient with no improvement since last visit with chronic ongoing symptom complaints; request for additional PT had been denied. The patient still has right hip soreness and is not ready to return to any work. She also reported some low back symptoms affecting her from returning to work. Exam was reportedly unremarkable with normal sensation, no acute distress; full range of left hip without discomfort; pain on right hip rotation; full lumbar range of motion; no impingement noted with equal single leg squat and good distal perfusion. Acupuncture treatment request was modified from 12 to 6 visits on 8/25/14 per utilization review. Follow-up report of 9/25/14 from the provider noted ongoing unchanged symptom complaints of lower back weakness and soreness without changed clinical findings to support further treatment. The request(s) for Chiropractic treatment 2 times a week for 6 weeks and Acupuncture treatment 2 times a week for 6 weeks were non-certified on 10/20/14 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:

**Chiropractic treatment 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment Page(s): 58-60.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines supports chiropractic manipulation for musculoskeletal injury with continued recommendation upon identified improvements. It appears the patient has received extension therapy sessions and conservative care. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic 2012 injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased actives for daily living (ADL) or improved work/functional status from treatment already rendered by previous conservative care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains not working without functional restoration approach. The Chiropractic treatment two times a week for six weeks is not medically necessary and appropriate.

**Acupuncture treatment 2 times a week for 6 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES Page(s): 8-9.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS), Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of three to six treatments with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least six prior sessions of acupuncture for this 2012 injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional 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 treatment two times a week for six weeks is not medically necessary and appropriate.