

<b>Case Number:</b>	CM14-0192047		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 54 year old female with a date of injury of 05/09/2014. She fell and sustained a left hip injury. The accepted body part for this injury was only the hip. On 06/02/2014 an x-ray of the pelvis was normal. On 06/02/2014 an x-ray of the right ankle was normal. She had a MRI of the left hip on 09/11/2014 that revealed a small focus of deep chondral fissuring and a small subcortical cyst. There was gluteus minimus mild insertional tendonosis. She was also treated with acupuncture (left shoulder and cervical spine) and physical therapy (left shoulder and cervical spine). On 09/11/2014 she also had a lumbar MRI that revealed disc bulges, central canal stenosis at L4-L5 and L5-S1. On 09/19/2014 additional physical therapy (4 visits) and acupuncture (4 visits) were approved. She had at least 6 physical therapy visits previously. She continues to have low back pain and left hip pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy once a week for 4 weeks Qty: 4.00:** 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 Page(s): 98-99.

**Decision rationale:** For any physical therapy to be approved as medically necessary, there must be a listed diagnosis and body part (example lumbar strain or left shoulder rotator cuff tear) since the maximum allowed therapy visits according to MTUS and ODG are based on the body part injured and the type of injury. MTUS, chronic pain provides for a maximum of 8 to 10 physical therapy visits over a 4 week period from when it was ordered after the injury. There is no objective documentation that the previous course of physical therapy was effective and led to any functional improvement. At this point in time relative to the injury there is there is no objective documentation that continued formal physical therapy is superior to a home exercise program and there is no documented impairment that would preclude a home exercise program.

**Additional Acupuncture Qty: 4.00:** Upheld

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

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

**Decision rationale:** For any acupuncture to be approved as medically necessary, there must be a listed diagnosis and body part (example lumbar strain or left shoulder rotator cuff tear) since the maximum allowed therapy visits according to MTUS, ODG and acupuncture treatment guidelines are based on the body part injured and the type of injury. She previously was treated with acupuncture. Also for continued acupuncture treatment there must be objective documentation of functional improvement; this was not documented.