

<b>Case Number:</b>	CM15-0078056		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 65 year old female, who sustained an industrial injury on January 17, 2012. The injured worker was diagnosed as having lumbago with bilateral radiculopathy. Treatment to date has included right knee surgery December 17, 2014, lumbar corticosteroid injections, physical therapy, and medication. Currently, the injured worker complains of lumbar pain. The Treating Physician's report dated March 13, 2015, noted the injured worker just less than three months post-operatively from a right knee partial lateral meniscectomy and lateral release of patellofemoral joint on December 17, 2014. The injured worker was noted to have some improvement in both pain control and motion, though not as much as was hoped. Physical examination was noted to show minimal effusion in the right knee with some joint line tenderness still present. Tenderness was noted in the paraspinous muscles with decreased flexion and extension of the lumbar spine, with positive straight leg raise. Bilateral paraspinous lumbar corticosteroid injections were performed. The treatment plan was noted to include requests for authorization for an additional twelve physical therapy sessions and acupuncture for the spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical therapy sessions (2) per week for (6) weeks: 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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy two times per week time six weeks the is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is lumbago with bilateral radiculopathy. The treatment plan according to a March 13, 2015 progress note states the treating provider is requesting an additional 12 physical therapy sessions for the right knee. The injured worker underwent a right knee partial meniscectomy. Physical therapy started on January 7, 2015 and completed on February 17, 2015. The injured worker received the full complement of physical therapy recommended by the Official Disability Guidelines for arthroscopy with meniscectomy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Additionally, the injured worker has undergone substantial physical therapy (12 sessions) and should be well versed with the exercises performed during physical therapy to engage in a home exercise program. Consequently, absent compelling clinical documentation indicating additional physical therapy (12 sessions) is warranted, 12 sessions physical therapy two times per week time six weeks the is not medically necessary.

**Acupuncture (1) per week for (8) weeks:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture one time per week times eight weeks is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnosis is lumbago with bilateral radiculopathy. The documentation, in the treatment plan, dated March 13, 2015 shows the treating provider would like to request authorization for the

patient to undergo acupuncture for the spine. There is no designation cervical spine, thoracic spine or lumbar spine documented in the medical record. Additionally, the treating provider requested 8 sessions of acupuncture. The guidelines recommend an initial trial of 3 to 4 visits over two weeks. With objective functional improvement of the total of up to 8 to 12, visits may be indicated. The treating provider exceeded the recommended guidelines when ordering eight sessions of acupuncture. Consequently, absent clinical documentation with a clinical indication/rationale for acupuncture, a specific designation of cervical versus thoracic versus lumbar spine, and a request exceeding the recommended guidelines (8 sessions) for an initial trial of 3-4 visits, acupuncture one time per week times eight weeks is not medically necessary.