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| Case Number: | CM13-0021571 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 11/20/2008 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 08/02/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

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 & 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:

The underlying date of injury in this case is 11/20/2008. This patient was initially injured when moving wheelchair-bound students; the patient reported an injury to her bilateral shoulders as well as her neck, both elbows, and her wrists/hands. Previously the patient was treated with 12 acupuncture sessions. An MRI of the cervical spine of 07/09/2013 demonstrated a 3-mm disc protrusion at C6-C7 and similar findings at C4-C5 without clear focal neurological involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OUTPATIENT AQUATIC THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE CERVICAL, LUMBAR, BILATERAL SHOULDERS, RIGHT ELBOW AND RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule, section on physical medicine, page 99, recommends to transition to independent home rehabilitation. The treatment guidelines anticipate that this patient would have transitioned to independent home rehabilitation

previously. The medical records do not provide a rationale as to why this patient would require additional supervised aquatic therapy in this current timeframe. This request is not medically necessary.

ACUPUNCTURE 2 TIMES A WEEK FOR 3 WEEKS FOR THE CERVICAL, LUMBAR, BILATERAL SHOULDERS, RIGHT ELBOW AND RIGHT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, section 24.1, page 9, recommend acupuncture as a treatment option to hasten functional recovery and recommend an initial trial of up to six treatments. The medical records at this time are unclear in terms of whether this patient previously has undergone acupuncture and, if so, what functional improvement the patient made in order to support the four additional acupuncture treatments. I note the medical records are unclear regarding whether this is an initial or subsequent acupuncture request. The treatment guidelines would support up to six initial acupuncture visits but would not support subsequent acupuncture treatment without documentation of the functional benefit of the initial treatment. Given the chronicity of this case and the lack clarification of whether this is an initial or subsequent acupuncture request, it is not possible to support this request based on the treatment guidelines. This request is not medically necessary.