

<b>Case Number:</b>	CM13-0064443		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 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:

The patient is a 62 year old female who was injured on 9/3/2013 Mechanism of injury was reported as low back pain, aggravation of hypertension, psychiatric complaints, bilateral wrist, hand, elbow and knee pain. Patients stated that she believes the injuries to be associated with prolonged sitting, repetitive lifting large files, writing, typing as well as demeaning and difficult management. Prior treatment history has included treatment of epidural steroid injections in 2000 when patient states the initial injury occurred while employed by the same company which they settled via findings and award. Diagnostic studies performed include: X-ray of cervical spine that revealed multi level anterior spurring with the loss of disc height in the mid cervical spine. X-ray of the lumbar spine revealed multi level spurring with severe loss of disc height at L3-L4 and to a lesser extent at L5-S1. Bilateral knee x-rays revealed minimal patellofemoral osteoarthritic changes with a slight loss of the medial joint space. Clinic note dated 11/22/2013 from [REDACTED] documented the patient to have complaints of Neck pain radiating to upper extremities, bilateral elbow pain, bilateral wrist and hand pain with numbness and tingling, low back pain radiating to the buttocks and left lower extremity, bilateral knee pain and popping, aggravation of hypertension, psychiatric complaints and gastrointestinal symptoms. Objective findings on exam included: Cervical spine: anterior head carvings, tenderness to palpitation and hypertrophy noted over the bilateral paravertebral musculature and upper trapezius. Sparing maneuver produces increased neck pain. Lumbar spine: increased lordosis, tenderness to palpation over the bilateral paravertebral musculature with spasm noted, muscle guarding noted, and straight leg raises produces increased low back pain. Bilateral elbows: tenderness to palpation over the medial and lateral epicondyles as well as the ulnar grooves bilaterally. Bilateral wrist revealed slight atrophy in the first interosscous muscles bilaterally, tenderness to palpitation over the flexor and extensor tendons and parasthesias are noted in the palm of hands.

Bilateral knees: revealed tenderness to palpation over the peripatellar regions bilaterally with a significant amount of crepitus noted bilaterally with more on the right. The patient was diagnosed with Cervical spine musculoligamentous sprain/strain with spondylosis, bilateral upper extremity radiculitis, lumbar spine musculoligamentous sprain/strain with bilateral left greater than right extremity radiculitis, moderately severe degenerative disc disease, bilateral elbow medial and lateral epicondylitis, bilateral wrist tendinitis as well as bilateral knee patellofemoral arthralgia. Aquatic therapy in conjunction with acupuncture two times a week, Electromyography (EMG)/nerve conduction study of bilateral upper extremities, MRI scans of the lumbar and cervical spine, psychiatric referral and a rheumatology consult was recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **AQUATIC THERAPY TWO (2) TIMES PER WEEK:: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY, 22.

**Decision rationale:** According to CA MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The medical records do not in this case indicate that the patient is safely and effectively able to perform land based exercise. The patient does not meet the Chronic Pain Medical Treatment Guidelines.

#### **RHEUMATOLOGIST CONSULTATION:: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATION AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION, CORNERSTONES OF DISABILITY PREVENTION AND MANAGEMENT PAGE 79.

**Decision rationale:** The guidelines states the clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The medical records do not document subjective

complaints with correlating clinical findings or observations that would support a need for a rheumatology referral. The subjective complaints, objective examination and radiographic findings do not appear to support a potential rheumatologic condition. In the absence of supportive evidence regarding the request, the medical necessity is not substantiated. It is further noted that the patient has been recommended a course of conservative care, and it would be advisable to first evaluate the patient's response to these interventions prior to considering any specialty referrals.

**ACUPUNCTURE TWO (2) TIMES A WEEK:: 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 MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES.

**Decision rationale:** In this case, a trial of acupuncture treatments may be indicated as the patient remains with objective functional deficits. The medical records indicate that an initial 3 sessions have been authorized. However, a specific amount of requested acupuncture treatments has not been indicated to support an amount of therapy beyond what is recommended by the guidelines. The guidelines recommend 3-6 treatments to produce functional improvement.