

Case Number:	CM14-0107626		
Date Assigned:	08/01/2014	Date of Injury:	05/29/2009
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/11/2014

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, has a subspecialty in Interventional Spine 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 69-year-old female with an injury date of 05/29/2009. According to the 05/16/2014 progress report, the patient complains of left shoulder pain and lower back pain. Her shoulder has remained stiff and painful and she has pain that radiates down to her leg from her back. She cannot do simple things such as changing light bulbs or opening a heavy door. There was no list of diagnosis provided. The request is for twelve sessions of acupuncture and twelve sessions of aqua therapy. The utilization review determination being challenged is dated 06/16/2014. Treatment reports were provided from 12/04/2013 - 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: According to the 05/16/2014 progress report, the patient presents with left shoulder pain and lower back pain. The request is for 12 sessions of acupuncture. The provider states that a trial of acupuncture would be helpful to try to break her pain cycle. MTUS Acupuncture Guidelines recommend initial trial of 3 to 6 sessions of acupuncture. The current request is for a total of 12 sessions of acupuncture, which exceeds the initial trial of 3 to 6 trials recommended by MTUS. Additional treatments are recommended if the initial trial proves to be helpful in terms of functional improvement. Therefore, this request is not medically necessary.

12 Sessions Aqua Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98, 99.

Decision rationale: According to the 05/16/2014 progress report, the patient presents with left shoulder pain and lower back pain. The request is for 12 sessions of aqua therapy. The MTUS Chronic Pain Medical Treatment Guidelines, page 22, states that 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 effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. In this case, there is no documentation of extreme obesity or a need for reduced weight bearing. There is no indication of why the patient cannot tolerate land-based exercises and the current requested 12 sessions exceed what is allowed by MTUS for this kind of condition. Therefore, this request is not medically necessary.