

Case Number:	CM14-0015022		
Date Assigned:	02/28/2014	Date of Injury:	04/15/2002
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 Occupational Medicine 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 61-year-old female who was injured on 04/15/2002. Mechanism of injury is unknown. Prior treatment history has included Lidoderm patches and topical analgesics as well as Avinza 90 mg. Progress note dated 06/12/2013 documented the patient has increased pain in her neck, low back and right shoulder. The patient states acupuncture provides partial benefit. Progress note dated 09/11/2013 documented the patient developed severe pain in her right hip. Her lumbar pain increased and the rest of her symptoms have not changed. Bilateral shoulder pain has also increased. Objective findings on examination reveal the patient has involuntary movements, tonic, clonic, rotation and tilting of her head to the left side with left shoulder, arm and neck elevation, proximal more than distal. She had patches of hypoesthesia, dysesthesia at the left arm with allodynia and hyperpathia. She had tenderness at the right hip and pelvis. Diagnosis is torticollis/dystonia of the left upper extremity and probably reflex sympathetic dystrophy of the left arm. Progress note dated 11/19/2013 documented the patient with complaints of increased pain in her lower back, right hip, cervical and headache pain that have increased due to the weather. She has pain in both of her shoulders. Objective findings on examination reveal the patient had voluntary movements, tonic and clonic, rotation and tilting of her head to the left side with left shoulder, arm and neck elevation, proximal more than distal. She had patches of hypoesthesia, dysesthesia at the left arm with allodynia and hyperpathia. She had tenderness at the right hip and pelvis. UR report dated 01/21/2014 denied the request for acupuncture and aqua therapy because there is lacking evidence of medical necessity; both denials requested additional information to support continuation of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY-FOUR (24) OUTPATIENT ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Acupuncture

Decision rationale: According to MTUS guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated as an adjunctive treatment to hasten functional recovery. Time to produce functional improvement is 3 to 6 treatments with an optimal duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. According to ODG guidelines, if there is evidence of reduced pain, reduced medication use, and objective functional improvement, a total of 8 to 12 visits over 4 to 6 weeks may be recommended. The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. This is a request for an additional 24 visits of acupuncture for a 61-year-old female with intractable chronic neck, back and bilateral upper extremity pain attributed to a 4/15/02 injury. The patient's exact diagnoses and physical examination findings are in dispute. There is a question of secondary gain. The patient continues to complain of worsening pain in multiple body parts and worsening function. She has had acupuncture in the past. Timing and number of prior visits are not provided. There is mention of partial benefit in a 6/12/13 note. There is no documentation of significant pain reduction, functional improvement, improved quality of life, or reduction in dependence on medical care due to prior acupuncture treatments. Further, the number of visits requested is in excess of guideline recommendations. Medical necessity is not established.

TWELVE (12) AQUA THERAPY SESSIONS FOR THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Aquatic Therapy

Decision rationale: According to MTUS guidelines, aquatic therapy may be recommended as an optional form of exercise therapy as an alternative to land-based physical therapy where reduced weight bearing is desirable such as in cases of extreme obesity. Recommendations on the number of supervised visits are the same as those for physical medicine. In some patients with fibromyalgia, aquatic therapy improved measures of quality of life, balance, and stair climbing, but higher intensity, regular exercise may be required to preserve most of these gains. According to ODG guidelines, aquatic therapy produced better improvement in disability and quality of life over land-based therapy for patients with chronic low back pain. Recommendations on the number of visits correspond to those for physical therapy. This is a request for 12 visits of aqua

therapy for the left shoulder for a 61-year-old female with intractable chronic neck, back, and bilateral upper extremity pain attributed to a 4/15/02 injury. The patient's exact diagnoses and physical examination findings are in dispute. There is a question of secondary gain. The patient continues to complain of worsening pain in multiple body parts and worsening function. She apparently has had aquatic therapy in the past, but timing and number of visits are not provided. There is no documentation of significant pain reduction, functional improvement, improved quality of life, or reduction in dependence on medical due to prior aquatic therapy treatments. No rationale is provided for why the patient would need a treatment intended for reduced weight bearing for a non-weight-bearing body part such as the left shoulder. The diagnosis of Complex regional pain syndrome (CRPS) of the left upper extremity is in dispute. Medical necessity is not established.