

<b>Case Number:</b>	CM14-0148149		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/30/2004
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Pain 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:

This is a female patient with a date of injury of January 30, 2004. A utilization review determination dated September 4, 2014 recommend non-certification of 6 visits of electro-acupuncture, infrared heat, and myofascial release, and functional restoration program evaluation. A progress note dated July 28, 2014 identifies subjective complaints of pain in both ankles and knees. The patient has pain in the back of the heel with swelling and tightness as well as burning pain, and knee pain. The patient also has pain across a look back with muscle spasms, stiffness, tightness. The patient reports pain in the left elbow and shoulder and she has difficulty raising her arm, doing any overhead type activities, and doing any forceful pushing and pulling. The patient requires home health three times a week for four hours to do activities daily living, independent activity of daily living, as well as aqua therapy for activity resistance. The physical examination reveals tenderness across the cervical paraspinal muscles and lumbar paraspinal muscles. The patient ambulates with a cane and has an antalgic wide based gait. The diagnoses include carpal tunnel syndrome bilaterally status post the compression on the right, trapezium arthritis on the right status post excision, CMC and possibly STT joint involvement of the thumb on the left, stenosing tenosynovitis on the AI pulley of the thumb on the left, element of depression, and weight loss of 50 pounds. The treatment plan states that the patient is waiting on surgery for the left knee and left wrist, she requires ongoing home healthcare, she requires [REDACTED], and she requires aqua therapy. The following medications were prescribed naproxen 550 mg #60, Effexor 75 mg #60, proton next 20 mg #60, tramadol ER 100 mg #30, Terocin patches #20, and LidoPro lotion 4 ounces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 visits of electro acupuncture, infrared heat, myofascial release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Medical treatment utilization schedule, Â§9792.24.1; Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture

**Decision rationale:** Regarding the request for electro acupuncture, infrared heat, and myofascial release, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. There is documentation that the patient is awaiting surgery for the left knee and left wrist, but it is unclear what the goals of the treatment plan are or if it is intended for post-surgical therapy. Additionally, the current request does not specify a number sessions. As such, the currently requested electro acupuncture, infrared heat, and myofascial release is not medically necessary.

**Functional Restoration Program evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-34.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 30-34 and 49 of 127.

**Decision rationale:** Regarding the request for functional rehabilitation program evaluation, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, and no statement

indicating that the patient has lost the ability to function independently. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the patient is awaiting surgery for the left knee and left wrist. In the absence of clarity regarding the above issues, the currently requested functional rehabilitation program evaluation is not medically necessary.