

Case Number:	CM14-0167264		
Date Assigned:	10/14/2014	Date of Injury:	10/18/2011
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of October 18, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier shoulder surgery; 36 sessions of physical therapy in 2013, per the claims administrator; 9 to 12 sessions of acupuncture in 2012; and an H-wave device. In a utilization review report dated September 30, 2014, the claims administrator approved a request for Tylenol No. 3 while denying aquatic therapy and acupuncture. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated June 6, 2013, the applicant reported multifocal bilateral shoulder, low back, bilateral wrist, and bilateral knee pain. The applicant had remained off work since the date of injury, it was acknowledged. The applicant stated that she was not capable of returning to work. The applicant was receiving workers' compensation indemnity benefits. The applicant was using a variety of dietary supplements, it was acknowledged. In a physical therapy note dated September 30, 2014, it was acknowledged that the applicant had had 6 sessions of physical therapy through that point in time. Persistent complaints of low back pain were noted, exacerbated by sitting for prolonged amounts of time. The applicant's gait was not clearly detailed. In an August 11, 2014, progress note, the applicant reported multifocal complaints of low back, bilateral wrist, bilateral knee, and bilateral shoulder pain. Tylenol No. 3 was endorsed. Home exercises and 12 sessions of manipulative therapy were sought. A rather proscriptive 20-pound lifting limitation was endorsed. 12 sessions of aquatic therapy were also sought. The applicant's gait was not clearly described. A hand surgery consultation was sought. It does not appear that the applicant is working. The applicant's medication list was not clearly stated. In a progress note dated September 18, 2013, the applicant was again described as using Tylenol No.

3 for pain relief. The applicant was kept off work, on total temporary disability. A gym membership and additional physical therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua therapy sessions to the lumbar spine and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, it was not clearly stated or established why, how, and/or if reduced weight bearing is, in fact, desirable here. The applicant's gait was not described in any of the recent office visits or physical therapy progress notes, referenced above. It is further noted that the 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia's and myositis of various body parts, the diagnosis reportedly present here. Therefore, the request is not medically necessary.

Acupuncture 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a renewal request for acupuncture. The applicant has had at least 9- to 12-sessions of acupuncture in 2012. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20(f). In this case, however, there has been no such demonstration of functional improvement as defined in Section 9792.20(f). The applicant remains off work, on total temporary disability, several years removed from the date of injury. Earlier acupuncture had failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 3. All the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.