MAXIMUS Federal Services

Case Number:	CM14-0027242		
Date Assigned:	06/13/2014	Date of Injury:	07/31/2012
Decision Date:	07/31/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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, 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 injured worker is a 53-year-old with a reported injury on July 31, 2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated April 23, 2014 reported that the injured worker complained of right shoulder/arm, bilateral knees, and left ankle/foot pain. The physical examination of the injured worker's right shoulder revealed grade 2 tenderness to palpation with restricted range of motion. The physical examination of bilateral knees revealed tenderness to palpation in the right knee, and grade two to three tenderness to palpation to the left knee. The left ankle and foot had tenderness to palpation. The injured worker's diagnoses included right shoulder tendinopathy, right shoulder impingement syndrome, right knee sprain/strain, left knee Baker's cyst, left knee osteochondral defect, left ankle avulsion of talus, depression, and sleep disturbance secondary to pain. The injured worker's prescribed medication regimen was not provided within the clinical notes. The provider requested aquatic therapy and acupuncture consultation with treatment. The rationale was not provided within the clinical documentation. The request for authorization was submitted on February 27, 2013. The injured worker's prior treatments included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen aquatic therapy sessions: 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 aquatic therapy Page(s): 22.

Decision rationale: The injured worker complained of right shoulder, bilateral knees, left foot and ankle pain. The treating physician's rationale for aquatic therapy was not provided within the clinical notes. The Chronic Pain Medical Treatment Guidelines recommend aquatic therapy 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. For recommendations on the number of supervised visits. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided; there was a lack of documentation indicating the injured worker has significant functional deficits. Moreover, there is a lack of clinical information indicating the rationale of aquatic therapy rather than a land based physical therapy. Moreover, the request for sixteen aquatic therapy sessions exceeds the guideline recommendations of eight to ten sessions. The request for sixteen aquatic therapy sessions is not medically necessary or appropriate.

One acupuncture consult and treatment for the left knee: 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 rationale: The injured worker complained of right shoulder/arm, bilateral knees, and left ankle/foot pain. The treating physician's rationale for acupuncture consultation was not provided within the clinical notes. The Acupuncture Medical Treatment Guidelines recognize acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there is a lack of documentation indicating the injured worker has significant functional deficits requiring acupuncture sessions. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. The request for one acupuncture consult and treatment for the left knee is not medically necessary or appropriate.