

Case Number:	CM14-0027928		
Date Assigned:	06/16/2014	Date of Injury:	03/29/2012
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/05/2014

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 Pain Medicine, and is licensed to practice in Texas. 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 73 year old female whose date of injury is 03/29/2012. There are multiple mechanisms of injury reported; however, it is unclear which one occurred on 03/29/12. Progress report dated 01/30/14 indicates that the injured worker's pain and symptoms continue to remain unchanged. Diagnoses include lumbar sprain/strain with herniated lumbar disc, cervical sprain/strain with herniated disc, bilateral shoulder sprain/strain, subacromial impingement, degenerative joint disease of the left hip and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2 X WEEK X 4 WEEKS (8): 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 Page(s): 22.

Decision rationale: Based on the clinical information provided, the request for aquatic therapy 2 x week x 4 weeks is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific,

time-limited treatment goals are provided. There is no clear rationale provided as to why reduced weightbearing is desirable for this injured worker as required by Chronic Pain Medical Treatment Guidelines.

ACUPUNCTURE TREATMENT 2 X WEEK X 4 WEEKS (8): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture treatment 2 x week x 4 weeks is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. California Medical Treatment Utilization Schedule (CAMTUS) guidelines support an initial trial of 3-6 treatments to establish efficacy of treatment.