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| <b>Case Number:</b>   | CM14-0032863 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 04/13/2012 |
| <b>Decision Date:</b> | 07/21/2014   | <b>UR Denial Date:</b>       | 02/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/14/2014 |

### 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 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 56 year old female who reported an injury to the left upper extremity on 4/13/2012. The clinical note dated 09/04/13 indicates the injured worker having previously undergone left cubital tunnel release with a transposition of the ulnar nerve; left carpal tunnel release. The clinical note dated 01/09/14 documents that the patient had been involved with repetitive motions with her occupation. It is noted that the patient had awoken on a particular day in July of 2012 in severe pain and the hand was in a locked position, specifically at the 3rd, 4th and 5th digits. Medications include Nortriptyline as well as Atenolol. There is an indication that the patient may or may not have symptoms associated with complex regional pain syndrome as the majority of the symptoms appear to be myofascial related. The clinical note dated 04/03/14 notes that acupuncture treatments have been beneficial with decreased swelling at the elbow. The therapy evaluation completed on 04/30/14 note that the patient was having difficulty with clasps with dressing. The injured worker also stated that she has difficulty bearing weight on the left hand. There reported that the patient has difficulty with simple chores involving housework. The clinical note dated 05/15/14 indicates the injured worker complaining of a burning pain at the left elbow. The patient is continuing with physical therapy as well as acupuncture at that time. The note does indicate that there is chronic pain related to overuse symptoms as well as multiple surgeries. The previous utilization review dated 02/20/14 resulted in a denial for 12 sessions of a somatic experience as a description of the requested treatment was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Somatic Experience x 12 sessions for left hand and left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Myalgia and myositis, unspecified.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation: Caldwell, Karen; Adams, Marianne; Quin, Rebecca<sup>1</sup>; Harrison, Mandy; Greeson, Jeffrey. Pilates, mindfulness and somatic education. Journal of Dance & Somatic Practices, Volume 5, Number 2.

**Decision rationale:** The documentation indicates the injured worker continuing with acupuncture and physical therapy to address the left upper extremity complaints. Medical records reflect that the injured worker is making some progress with the therapeutic interventions. The patient reports that the acupuncture is providing some relief. Objectively the injured worker is also demonstrating a decrease in swelling. Given the ongoing conservative treatment with positive response, it is unclear how the injured worker would benefit from an additional treatment to include somatic experience. Therefore, this request for somatic experience, 12 sessions for the left hand and elbow is not medically necessary and appropriate.