

<b>Case Number:</b>	CM14-0090004		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Texas and Ohio. 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 41-year-old male with a reported injury on 11/13/2013. The mechanism of injury was lifting. The injured worker's diagnoses included chronic sprain/strain of the left and right shoulder, chronic sprain/strain of the bilateral anterior tendon of the elbow, and bilateral disc sprain/strain. The injured worker's previous treatments included medications, ice/heat, massage, stretching, physical therapy, a home exercise program, and a forearm band. The injured worker's previous diagnostic testing included x-rays in 08/2013 which was essentially normal and an esophagogastroduodenoscopy which revealed a small hiatal hernia, mild esophagitis, and non-erosive gastritis. The injured worker also had a negative H. pylori test on 12/06/2013. No pertinent surgical history was provided. The injured worker was evaluated on 07/24/2014, where he expressed his frustration that his yoga therapy was not approved. The injured worker indicated he was highly motivated to do yoga. The injured worker reported that his symptoms were under control, but he still had pain in the bilateral scapular area. He also complained of intermittent left lateral epicondylitis pain. The clinician observed and reported that the injured worker was able to transfer and ambulate without difficulty with a non-antalgic gait. Upper extremity range of motion was good. Upper extremity strength was good. Sensation to his upper extremities was intact. There tenderness to palpation across the scapular, on the left more than the right. The clinician's treatment plan was to discontinue Baclofen, start yoga, work full duty, and continue Pepcid. The injured worker's medications included Dexilant 60 mg daily, Pepcid 20 mg once per day, and Baclofen. The request was for 1 on 1 yoga sessions 1 time a week for 8 weeks for bilateral shoulder/elbow. The rationale for this request is for the treatment of sprain/strain of bilateral shoulder and disc sprain/strain. Request for Authorization forms were submitted on 04/23, 05/12 and an undated Request for Authorization form was in with the 07/24/2014 note.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One on One Yoga sessions 1 time a week for 8 weeks for bilateral shoulder/elbow:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Yoga, Page(s): 126..

**Decision rationale:** The request for 1 on 1 yoga sessions 1 time a week for 8 weeks for bilateral shoulder/elbow is medically necessary. The injured worker continued to complain of bilateral scapular pain. The California MTUS Chronic Pain Guidelines recommend yoga as an option only for select, highly motivated patients. Since outcomes for this therapy are very dependent on a highly motivated patient, the guidelines recommend approval where requested by a specific patient, but not adoption for use by any patient. On 07/24/2014, the injured worker indicated his frustration at not being approved for yoga, and indicated that he is highly motivated to do yoga. Therefore, the request for 1 on 1 yoga sessions 1 time a week for 8 weeks for bilateral shoulder/elbow is medically necessary.