

Case Number:	CM14-0190617		
Date Assigned:	11/24/2014	Date of Injury:	04/13/1993
Decision Date:	01/23/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family Practice 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:

This 61-year-old man reported injuries to multiple parts of his body dated 4/13/93. There is no information in the records regarding the mechanism of injury, and very little information regarding its subsequent course. His medical history is significant for obesity, hypertension, diabetes, hyperlipidemia and asthma. He had a myocardial infarction during a lumbar spine surgery in 1998. The surgery was aborted, resulting in a complication of right leg paralysis. He had emergent coronary artery bypass grafting at that time. Other treatment has included 3 right knee arthroscopies, 2 right shoulder arthroscopies, bilateral endoscopic carpal tunnel release and cubital tunnel release in 2001 and 2012, and bilateral open carpal tunnel release and right middle finger flexor tenosynovectomy and trigger finger release in 2013. The available records contain a single progress note from the patient's physiatrist, dated 10/30/14. It states that the patient is despondent with respect to non-authorization of a right shoulder surgery. He completed a short course of physical therapy but did not get around to starting acupuncture, the authorization for which has now expired. He would like to try pool therapy and would like a renewal of his acupuncture authorization. There is no comment on pain or function levels. Physical findings include only a blunted affect, limited right shoulder range of motion, and the presence of multiple trigger points in the shoulder muscles. The patient is wheelchair bound. He takes multiple medications which include Butrans patch and oral Norco. Diagnoses include status post work related injury with resultant bilateral shoulder, neck and back pain; chronic pain syndrome; bilateral lower extremity motor weakness especially right lower extremity paralysis and palsy secondary to spinal cord infarction and paraplegia; adhesive capsulitis; and left knee degenerative joint disease. The plan includes requests for 12 sessions of pool therapy and 12 sessions of acupuncture. He is to start acupuncture for pain relief and pool therapy for mobility, transfer and ADL training as well as functional restoration. The request for 12 aquatic therapy

sessions was modified to 4 sessions in UR on 11/10/14 on the basis that the patient meets MTUS Chronic Pain Guideline requirements for a trial of aquatic therapy, with further certification pending functional improvement after the trial. The request for 12 acupuncture sessions was non-certified on the same date on the basis that the patient had not yet completed a 3-4-session trial as recommended by MTUS Acupuncture Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 98 and 204, Chronic Pain Treatment Guidelines Aqua Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement; Functional improvement measures; and Exercise; and Aquatic Therapy Page(.

Decision rationale: Per the MTUS Chronic Pain citations, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. It is important to have specific measures that can be used repeatedly to demonstrate improvement or maintenance of function over the course of treatment. These should include the categories of work functions or ADLs, self-report of disability (walking, lifting, keyboard or driving tolerance) and pain scales. Objective measurements of functional improvement are preferred, such as measuring the patient's ability to lift 10 pounds from floor to waist repetitively, but they are not required. The provider should document assessment of the patient's compliance with a home program and motivation. Per the Aquatic Therapy citation, aquatic therapy is recommended as an alternative to land-based therapy, specifically when reduced weight bearing is desirable, for example in extreme obesity. The clinical documentation in this case does not support the performance of 12 aquatic therapy sessions. There is no current assessment of the patient's functional abilities and no documentation of specific goals for therapy. There is no assessment of the patient's motivation. Motivation may be an issue, since the patient did not manage to begin acupuncture within the time period authorized. The patient is unable to ambulate and is obese, which does indeed make him a candidate for aquatic therapy. If specific goals were addressed, it would probably be appropriate to authorize up to 6 sessions or 2 weeks of aquatic therapy, with further authorization pending objective functional improvement, but 12 sessions are not initially indicated. Based on the MTUS citations above and on the clinical documentation provided for my review, 12 sessions of aquatic therapy are not medically necessary. They are not necessary because no specific functional goals have been set, because the patient's motivation has not been addressed, and because a smaller number of initial sessions with further sessions pending documentation of compliance functional recovery are medically advisable.

12 Acupuncture sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional Improvement; Functional improvement measures; and Exercise Page(s): 9;48; 46-47.

Decision rationale: Per the MTUS Chronic Pain citations, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. It is important to have specific measures that can be used repeatedly to demonstrate improvement or maintenance of function over the course of treatment. These should include the categories of work functions or ADLs, self-report of disability (walking, lifting, keyboard or driving tolerance) and pain scales. Objective measurements of functional improvement are preferred, such as measuring the patient's ability to lift 10 pounds from floor to waist repetitively, but they are not required. The provider should document assessment of the patient's compliance with a home program and motivation. The MTUS acupuncture guidelines state that acupuncture should be performed 1-3 times per week with optimal duration of 1-2 months. The time needed to produce functional improvement is 3-6 visits, and treatment may be extended if functional improvement is documented. The clinical documentation in this case does not support the performance of 12 acupuncture sessions. There is no current assessment of the patient's functional abilities and no documentation of specific goals for therapy. There is no assessment of the patient's motivation. Motivation may be an issue, since the patient previously did not manage to begin acupuncture within the time period authorized. This patient appears to have more motivation to attend aquatic therapy sessions than he did acupuncture. It is not medically advisable to start two therapy programs simultaneously, since it would be impossible to tell which had resulted in any functional improvement that ensued. In this case, aquatic therapy is the obvious first choice. If the patient were to state that he prefers to start with acupuncture and if functional goals were documented, then 3-4 acupuncture sessions followed by an assessment for functional improvement could be authorized, rather than the 12 visits requested. Based on the MTUS citations above and on the clinical documentation provided for my review, 12 sessions of acupuncture are not medically necessary. They are not necessary because no specific functional goals have been set, because the patient's motivation has not been addressed, because acupuncture would be started simultaneously with aquatic therapy, and because a smaller number of initial sessions with further sessions pending documentation of compliance functional recovery are medically advisable.