

Case Number:	CM15-0193918		
Date Assigned:	10/07/2015	Date of Injury:	04/13/2014
Decision Date:	11/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female, who sustained an industrial injury on April 13, 2014, incurring upper and lower back injuries. She was diagnosed with a lumbar sprain, lumbar radiculitis, and lumbar degenerative disc disease, left shoulder impingement syndrome, left wrist sprain, left wrist tendonitis and cervical sprain. Magnetic Resonance Imaging of the left wrist revealed a ganglion cyst. Treatment included 25 sessions of physical therapy, chiropractic sessions, acupuncture, anti-inflammatory drugs, muscle relaxants, and activity restrictions. Currently, the injured worker complained of left neck, back, shoulder and arm pain and numbness rated 5 out of 10 on a pain scale from 0 to 10. She noted her pain to be constant radiating to the lower back and left hip into the left knee. She had restricted range of motion and limited motor strength due to pain. It was noted she could not sit and stand for prolonged periods of time. She noted increased wrist pain and limited range of motion interfering with activities of daily living. The injured worker tried physical therapy and pain medications but continued to have pain symptoms and functional mobility. The treatment plan that was requested for authorization on October 2, 2015, included six sessions of aqua therapy for the low back and additional six sessions of acupuncture for pain management of the neck, lumbar spine and bilateral wrists. On September 24, 2015, a request for aqua therapy and acupuncture was non-approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy physical therapy 2x3 (6) sessions for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The patient presents with pain affecting the neck, lumbar spine, and bilateral wrists. The current request is for Aqua therapy physical therapy 2x3 (6) sessions for the low back. The treating physician report dated 8/10/15 (6C) states, "Completed outside pt 23-25 sessions." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 23 physical therapy sessions for the low back previously. The patient's status is not post-surgical. In this case, the patient has received at least 23 sessions of physical therapy to date and therefore the current request of 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.

Additional acupuncture 2 x 3 weeks (6) sessions for pain management of the neck, lumbar spine and bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with pain affecting the neck, lumbar spine, and bilateral wrists. The current request is for Additional acupuncture 2 x 3 weeks (6) sessions for pain management of the neck, lumbar spine and bilateral wrists. The treating physician report dated 8/10/15 (6C) states, "Approved for trial of Acupuncture treatment 6 sessions 2x3 for pain management." Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state "Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month." The medical reports provided show the patient has been approved for 6 acupuncture treatments per the progress report dated 8/10/15 (6C). In this case, the current request of an additional 6 visits without documentation of functional improvement from the previous trial of 6 sessions does not satisfy the AMTG guidelines as it only supports treatment beyond 3-6 visits if functional improvement is documented. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the AMTG guidelines. The current request is not medically necessary.