

Case Number:	CM15-0198811		
Date Assigned:	10/14/2015	Date of Injury:	05/05/2011
Decision Date:	12/23/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female who sustained an industrial injury on 05-05-2011. A review of the medical records indicated that the injured worker is undergoing treatment for cervical spine sprain and strain, residual pain of the right shoulder and wrists, lumbago and lumbar spine sprain and strain. According to the treating physician's progress report on 06-11-2015, the injured worker continues to experience neck pain and muscle spasm radiating to the bilateral upper extremities associated with numbness and tingling, greater on the right side and rated at 7-8 out of 10 on the pain scale. The right shoulder residual pain (status post right rotator cuff repair in 2008) radiated to the arm and fingers associated with muscle spasm and rated at 7-8 out of 10 on the pain scale. The injured worker reported bilateral wrist pain (status post bilateral carpal tunnel releases, right trigger thumb release and left thumb and long finger release, no date documented) rated at 7-8 out of 10 and low back pain and spasm associated with numbness and tingling of the bilateral lower extremities, right side greater than left side and rated at 7-8 out of 10 on the pain scale. Examination of the cervical spine demonstrated tenderness to palpation at the paraspinal, trapezius, scalene muscles and the occiput area with diminished range of motion in all planes. The right shoulder was tender to palpation at the supraspinatus, trapezius, levator scapula and rhomboid muscles with decreased range of motion in all planes. The bilateral wrists and hands revealed tenderness to palpation over the carpal bones, thenar and hypothenar eminence with decreased range of motion bilaterally. Sensation to pinprick and light touch was slightly diminished over C5 through T1 dermatomes in the bilateral upper extremities. Motor strength was 4 out of 5 in all muscle groups in the bilateral upper extremities. Deep tendon reflexes and pulses were intact and symmetrical in the both upper

extremities. The lumbar spine examination demonstrated tenderness with spasms at the paraspinal muscles and lumbosacral junction with decreased range of motion and slightly decreased sensation to pinprick and light touch at the L4 through S1 dermatomes bilaterally. Motor strength was 4 out of 5 in all muscle groups in the bilateral lower extremities. Deep tendon reflexes and pulses of the lower extremities were intact. Current medications were listed as Dicopanol, Deprizine, Fanatrex, Synapryn, Tabradol and topical analgesics. Treatment plan consists of continuing with physical therapy, acupuncture therapy, chiropractic therapy, extracorporeal shockwave therapy, diagnostic testing, pain management referral, orthopedic referral, 3 sets Platelet Rich Plasma injections for the wrists and the current requests for Pool-Aquatic therapy 2 times weekly for the bilateral shoulders and bilateral wrists (per 07-09-15 order) Qty: 8.00, Pool-Aquatic therapy 2 times weekly for the bilateral shoulders, left elbow and bilateral wrists (per 07-31-15 order) Qty: 8.00, Acupuncture 2 times weekly for the bilateral shoulders and bilateral wrists (per 07-09-15 order) Qty: 8.00, Acupuncture 2 times weekly for the bilateral shoulders, bilateral elbows, lumbar spine and right knee (per 05-21-15 order) Qty: 8.00 and Acupuncture 2 times weekly for the lumbar spine, right shoulder and bilateral wrists (per 06-04-15 order) Qty: 8.00. On 09-08-2015 the Utilization Review determined the requests for Pool-Aquatic therapy 2 times weekly for the bilateral shoulders and bilateral wrists (per 07-09-15 order) Qty: 8.00, Pool-Aquatic therapy 2 times weekly for the bilateral shoulders, left elbow and bilateral wrists (per 07-31-15 order) Qty: 8.00, Acupuncture 2 times weekly for the bilateral shoulders and bilateral wrists (per 07-09-15 order) Qty: 8.00, Acupuncture 2 times weekly for the bilateral shoulders, bilateral elbows, lumbar spine and right knee (per 05-21-15 order) Qty: 8.00 and Acupuncture 2 times weekly for the lumbar spine, right shoulder and bilateral wrists (per 06-04-15 order) Qty: 8.00 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool/Aquatic therapy 2 times weekly for the bilateral shoulders and bilateral wrists (per 07/09/15 order) Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no rationale provided identifying the need for reduced weight bearing for shoulder or wrist injuries or another clear indication for this treatment. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.

Acupuncture 2 times weekly for the bilateral shoulders and bilateral wrists (per 07/09/15 order) Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously, but there is no documentation of objective functional improvement as outlined above from the treatment already provided. As such, the currently requested acupuncture is not medically necessary.

Pool/Aquatic therapy 2 times weekly for the bilateral shoulders, left elbow and bilateral wrists (per 07/31/15 order) Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no rationale provided identifying the need for reduced weight bearing for shoulder, elbow, or wrist injuries or another clear indication for this treatment. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.

Acupuncture 2 times weekly for the bilateral shoulders, bilateral elbows, lumbar spine and right knee (per 05/21/15 order) Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously, but there is no documentation of objective functional improvement as outlined above from the treatment already provided. As such, the currently requested acupuncture is not medically necessary.

Acupuncture 2 times weekly for the lumbar spine, right shoulder and bilateral wrists (per 06/04/15 order) Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously, but there is no documentation of objective functional improvement as outlined above from the treatment already provided. As such, the currently requested acupuncture is not medically necessary.