

Case Number:	CM15-0037488		
Date Assigned:	03/05/2015	Date of Injury:	08/21/2013
Decision Date:	04/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 49-year-old female, who sustained an industrial injury on 8/21/13. She has reported chronic shoulder, upper arm, elbow, forearm, wrist and fingers pain. The diagnoses have included disorders of bursae and tendons in shoulder region and cervicgia. Treatment to date has included oral medications, topical medications, acupuncture, physical therapy and activity restrictions. Currently, the injured worker complains of pain in head, neck, upper back, mid back, left shoulder, left arm, left elbow, left wrist and left hand. Physical exam of left shoulder revealed limited range of motion, tenderness over the anterior and posterior aspects of left shoulder and tenderness to palpation over the left cervical paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, left shoulder and whole arm Qty: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: This patient presents with complaints of pain in the head, neck, upper back, midback, left shoulder, left arm, left elbow, left wrist, and left hand. The pain is associated with numbness and tingling in the left arm and left hand. The current request is for Aqua therapy, left shoulder, and whole arm QTY: 10. The MTUS Guidelines page 22, chronic pain medical treatment guidelines regarding aqua therapy has the following, "recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy. Aqua therapy and swimming can minimize the effects of gravity, so it is specifically recommended when reduced weight bearing is desirable, for example extreme obesity." In this case, there is no explanation as to why aqua therapy is necessary as opposed to home-based exercise program or land-based therapy. Furthermore, the requested 10 sessions exceeds what is recommended by MTUS. For recommendation of number of supervised visits, the MTUS Guidelines page 98 and 99 recommends for myalgia- and myositis-type symptoms 9 to 10 visits over 8 weeks. This request IS NOT medically necessary.

Acupuncture Qty: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with complaints of pain in the head, neck, upper back, midback, left shoulder, left arm, left elbow, left wrist, and left hand. The pain is associated with numbness and tingling in the left arm and hand. The current request is for Acupuncture QTY: 8. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 months for trial and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20 (e) a significant improvement in ADLs, or change in work status, and reduce in dependence on medical treatments. The treating physician's appeal letter dated 11/17/2014 noted, "The patient has tried physical therapy but acupuncture was more helpful. For that reason, I requested another course of acupuncture." There is no further discussion regarding acupuncture. It is unclear how many prior sessions the patient received. In this case, the treating physician has not provided adequate documentation for additional treatment. MTUS requires significant improvement including change in activities of daily living, or change in work status, AND reduced dependence on medical treatments. Given the lack of discussion regarding functional improvement from prior treatment, the requested additional, acupuncture IS NOT medically necessary.