

Case Number:	CM15-0053312		
Date Assigned:	03/26/2015	Date of Injury:	11/10/1997
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

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: Massachusetts

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:

This 57-year-old female sustained an industrial injury to the back, right hip, bilateral knees and bilateral shoulders on 11/10/97. Previous treatment magnetic resonance imaging included bilateral shoulder surgery, physical therapy, acupuncture and medications. In a PR-2 dated 1/8/15, the injured worker reported new onset right hip pain. The injured worker had fallen after her leg gave out. In a PR-2 dated 2/11/15, the injured worker complained of worsening weakness of both arms, numbness in both hands, tenderness to the right hip and inside her knees and constant dull pain in the right inguinal area. The injured worker reported having nausea more often due to severe pain. Physical exam was remarkable for increased tenderness to palpation of all tender points of fibromyalgia with decreased range of motion to the right hip and back. Current diagnoses included right hip pain, fibromyalgia, shoulder pain, right arm numbness, neuropathy and depression. The treatment plan included continuing medications (Methadone, Effexor, Sevella and Phenergan), water exercises, acupuncture and a referral to orthopedics due to right hip exacerbation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (R) Hip Qty: 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain. Medications include methadone and diagnoses include fibromyalgia. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is grossly in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

Warm Water Therapy (R) Hip Qty: 48: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain. Medications include methadone and diagnoses include fibromyalgia. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has been able to participate in land based physical therapy treatments and there is no co-morbid condition identified. Additionally, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is grossly in excess of that recommended. Therefore, the requested aquatic therapy is not medically necessary.