

<b>Case Number:</b>	CM15-0239710		
<b>Date Assigned:</b>	12/16/2015	<b>Date of Injury:</b>	12/27/2006
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	12/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2015

### 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 38-year-old female who sustained an industrial injury on 12-27-2006 and has been treated for bilateral carpal tunnel syndrome, bilateral forearm strain, and bilateral sprain and strain of the wrist. At a primary treating physician visit dated 8-20-2015, the injured worker presented with bilateral wrist pain stated to "come and go." The injured worker has continued to work full duty. Significant objective findings included bilateral positive Palmar wrist pain with palpation, and no swelling, deformity, redness or atrophy. Documented treatment has included kinesio tape for muscle extensor support, massage, braces, TENS unit, exercise, contrast baths, home heating pad, Ibuprofen, and Lidocaine patches. She is noted to not like taking medication and tries to manage without. The treating physician's plan of care includes a request for an unspecified number of yoga sessions. Rationale was not evidenced in the documents which were provided which was non-certified on 12-4-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Yoga (frequency and duration unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter: Yoga.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Yoga.

**Decision rationale:** The current request is for YOGA (FREQUENCY AND DURATION UNSPECIFIED). Treatment history has included kinesio tape for muscle extensor support, massage, brace, TENS unit, exercise, contrast baths, home heating pad, Ibuprofen, and Lidocaine patches. The patient works full duty. ODG Guidelines under the pain chapter for Yoga states, "Recommended as an option for motivated patients. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. Also, the impact on depression and disability could be considered as important outcomes for further study." MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. 8-10 visits are recommended." Per report 08/20/15, the patient presents with bilateral wrist pain that comes and goes. Objective findings included bilateral positive Palmar wrist pain with palpation, and no swelling, deformity, redness or atrophy noted. The patient would like to stay off medications and try to manage without. The request is for Yoga. There is no rationale provided for the request. ODG states that yoga is recommended as an option for patients that highly motivated, and there is no discussion of such. For number of treatments, MTUS physical therapy recommendations are applied which recommends up to 10 sessions. The current request does not specify the number of sessions or duration. An open-ended request for treatment cannot be supported. Therefore, the request IS NOT medically necessary.