MAXIMUS Federal Services

Case Number:	CM13-0068349		
Date Assigned:	01/03/2014	Date of Injury:	06/30/2009
Decision Date:	05/18/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic ankle, knee, hip, and low back pain reportedly associated with an industrial injury of June 30, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; and cognitive behavioral therapy. In a progress note of April 22, 2013, the applicant presented with multifocal shoulder, knee, ankle, and low back pain. The applicant was on Intermezzo for pain relief. She is asked to obtain a Jacuzzi, as she is unable to perform exercises at home. In a progress note dated November 18, 2013, the attending provider writes that the applicant is not improving. She reports persistent neck and low back pain with associated spasm. Aquatic therapy and physical therapy are sought. The applicant has returned to regular duty work. In a permanent stationary report of December 19, 2013, it is noted that the applicant has transferred care to various providers in various specialities, including orthopedics, podiatry, and chronic pain. The applicant is paying for chiropractic manipulative therapy out of pocket. It is stated that the applicant remains at full duty work as a special education teacher. It is noted on the December 19, 2013 Agreed Medical Evaluation that the applicant exhibits a normal gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY (12 SESSIONS): Upheld

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

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants in whom reduced weight-bearing is desirable. In this case, however, it is not clearly stated why or if reduced weight bearing is desirable here. While the applicant may have multifocal pain complaints, it did not appear that weight bearing is contraindicated. In fact, on a December 19, 2013 office visit, the applicant was described as possessing a normal gait. No compelling case has been made for aquatic therapy here, in light of the foregoing. It is further noted that the 12-session course of treatment proposed does, in and of itself, represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. The attending provider proffered no rationale for the treatment in excess of the guideline. For all of the stated reasons, then, the request is not medically necessary.

ACUPUNCTURE (12 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS 9792.24.1.a1 states that acupuncture can be employed for a wide variety of purposes, including in the chronic pain context present here. However, MTUS 9792.24.1.c1 states that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, it does not appear that the applicant has had prior acupuncture. While a lesser course of acupuncture in-line with MTUS parameters could have been supported, the 12-session course of treatment proposed here cannot. The acupuncture as requested is not medically necessary.