

Case Number:	CM14-0123642		
Date Assigned:	08/08/2014	Date of Injury:	08/11/2007
Decision Date:	10/09/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/05/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 51 year-old female. The patient's date of injury is 8/11/2007. The mechanism of injury is not mentioned in the clinical documents. The patient has been diagnosed with complex regional pain syndrome, arm pain and back pain. The patient's treatments have included imaging studies, and medications. The physical exam findings dated December 17, 2012 shows, right elbow with 5/5 motor testing and some deficit in the left compared to right. The lumbar exam shows the patient with a cane, with deep tendon reflexes of 2+/4 and a straight leg raise positive at 10 degrees bilaterally, with a pulling sensation in the back. The patient's medications have included, but are not limited to, Lyrica, Cymbalta, Tramadol, Voltaren, Prilosec, Fexmid, Clonazepam and Lidoderm. The request is for Acupuncture, Aquatic Therapy, and In Home assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 X 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Acupuncture. Guidelines state: Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. The patient has had 18 sessions of acupuncture treatment in the past. There is no documentation that supports an indication for additional sessions of acupuncture. According to the clinical documentation provided and current MTUS guidelines; additional acupuncture is not indicated as a medical necessity to the patient at this time.

Aquatic therapy 2 X 6 to left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Aquatic Therapy. MTUS guidelines state the following: Recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Recommended where reduced weight bearing is desirable. The clinical documents state no diagnosis or indication of why the patient would need aquatic therapy over land based therapy. There is also no documentation of previous improvement in function or in pain from previous sessions. According to the clinical documentation provided and current MTUS guidelines; Aquatic Therapy is not indicated as a medical necessity to the patient at this time.

In-home assistance (3 hours/day, 4 days/week x 12 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 51.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Home health care. MTUS guidelines state the following: Home health services. Recommended only as a medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004). According to the clinical documentation provided. The patient does not meet requirement for home health as the patient is not homebound. Home Health-care is not indicated as a medical necessity to the patient at this time.

