

Case Number:	CM14-0145832		
Date Assigned:	09/12/2014	Date of Injury:	04/06/2004
Decision Date:	10/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 47-year-old female who reported an injury on 04/06/2004. The mechanism of injury was not submitted for clinical review. The diagnoses included status post lumbar fusion L4 through L5, lumbar radiculopathy, and failed back syndrome. Previous treatments included medication, physical therapy, and surgery. The diagnostic testing included an EMG/NCV and an MRI. Within the clinical note dated 07/28/2014 it was reported the injured worker complained of pain in the right hip, knee and foot. The injured worker described the right hip pain as aching pain which she rated 5/10 in severity. She reported her right foot pain was noted to be aching and rated 5/10 in severity. The injured worker complained of right knee pain rated 4/10 in severity. Upon the physical examination the provider noted the right hip range of motion was flexion at 110 degrees and extension at 25 degrees. The injured worker had tenderness to palpation over the right sacroiliac joint. The provider requested acupuncture therapy and more aquatic therapy. However, the rationale was not provided for clinical review. The Request for Authorization was submitted and dated 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture 2 x 4 to the right hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines note acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication induced nausea, promote relaxation in an anxious patient and reduce muscle spasms. The time to produce effect includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Acupuncture treatment may be extended if functional improvement is documented. The clinical documentation submitted did not indicate the injured worker's pain medication had been reduced or not tolerated. The number of requested sessions exceeds the guidelines' recommendations of 3 to 6 treatments with a frequency of 1 to 3 times per week. The request for acupuncture 2 x 4 to the right hip is not medically necessary.

acupuncture 2 x 4 to the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines note acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication induced nausea, promote relaxation in an anxious patient and reduce muscle spasms. The time to produce effect includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Acupuncture treatment may be extended if functional improvement is documented. The clinical documentation submitted did not indicate the injured worker's pain medication had been reduced or not tolerated. The number of requested sessions exceeds the guidelines' recommendations of 3 to 6 treatments with a frequency of 1 to 3 times per week. The request for acupuncture 2 x 4 to the right knee is not medically necessary.

aquatic therapy 2 x 4 for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy where available as an alternate to land based in those individuals in

whom reduced weight bearing is desirable. There is a lack of documentation indicating the injured worker had a condition for which reduced weight bearing is desirable, including morbid obesity. There is a lack of documentation of motor deficits of the lower extremities. The request for aquatic therapy 2 x 4 for the right knee is not medically necessary.

aquatic therapy 2 x 4 for the right hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy where available as an alternate to land based in those individuals in whom reduced weight bearing is desirable. There is a lack of documentation indicating the injured worker had a condition for which reduced weight bearing is desirable, including morbid obesity. There is a lack of documentation of motor deficits of the lower extremities. The request for aquatic therapy 2 x 4 for the right hip is not medically necessary.