

Case Number:	CM14-0183531		
Date Assigned:	11/10/2014	Date of Injury:	02/29/2012
Decision Date:	12/12/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 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:

This 64 year-old patient sustained an injury on 2/29/12 while employed by [REDACTED]. Request(s) under consideration include Pool membership, 6 acupuncture sessions, and bilateral wrist splints. Diagnoses include rotator cuff sprain. Conservative care has included medications, therapy, LESI; triggers point injections, and modified activities/rest. EMG of 6/30/14 showed left L5 radiculopathy; bilateral elbow ulnar neuropathies. Report of 10/22/14 from the provider noted the patient with chronic ongoing low back radiating to pelvis, left lower extremity pain rated at 8/10; right hip with 4/10 pain level; associated with bilateral lower extremity paresthesia; left knee given way with difficulty climbing stairs; along with bilateral wrist and elbow pain. Exam showed antalgic gait favoring left lower leg; right wrist with positive Tinel's; limited range in lumbar spine and bilateral shoulders; negative SLR bilaterally; diffusely decreased sensation in left lower extremity. The request(s) for Pool membership, 6 acupuncture sessions, and bilateral wrist splints were denied on 10/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: Record indicated recent pool membership for 3 months was certified per review of 9/24/14 without any demonstrated improvement. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and recent 3 months pool membership without anything submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. The Pool membership is not medically necessary.

6 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current clinical exam show no physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has completed therapy without functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this 2012 injury with ongoing chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury or what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The 6 acupuncture sessions is not medically necessary.

Bilateral wrist splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm-Wrist-Hand, Splints, page: 177-178

Decision rationale: There is no report of specific neurological deficits or testing identifying possible diagnosis of carpal tunnel syndrome. Early manifestation of possible CTS on electrodiagnostic does not confirm diagnosis by testing standards. EMG study of 6/30/14 showed ulnar elbow neuropathy without any evidence of wrist entrapment or neuropathy. ACOEM Guidelines support splinting as first-line conservative treatment for CTS, DeQuervain's, Strains; however, none have been demonstrated to support these wrist braces. Submitted reports have not adequately demonstrated the medical necessity for treatment with the wrist splint without any clearly documented clinical presentation or limitations to support for this DME. The Bilateral wrist splints are not medically necessary.