

<b>Case Number:</b>	CM14-0097232		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 and 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 th

### 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 46-year-old who reported injury on 11/25/2013, reportedly sustained injuries to her shoulder while at work using a cash register. The injured worker's treatment history included medications, x-rays, MRI, physical therapy, functional capacity evaluation. The injured worker was evaluated on 06/10/2014, and it was documented that the injured worker complained of intermittent moderate stabbing neck pain and heaviness, occasional moderate low back pain and tingling, intermittent moderate stabbing right shoulder pain, heaviness and numbness, and frequent mild achy, sharp left shoulder pain and heaviness. Objective findings included no bruising, swelling, atrophy or lesion present at the cervical spine, lumbar spine, right shoulder, and left should. Diagnoses included cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, and left shoulder sprain/strain. The Request for Authorization dated 02/06/2014 was for acupuncture and aquatic therapy to increase range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special Topics (Acupuncture) Page(s): 8-9.

**Decision rationale:** The requested is not medically necessary. Per the Acupuncture Medical Treatment Guidelines, it is stated Acupuncture Medical Treatment Guidelines state that "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The Guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with a duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The clinical documentation indicated that the injured worker previously participated in conservative care, however outcome measurements were not provided for review. In addition, the documents submitted failed to indicate injured worker long-term functional goals. The request submitted failed to indicate location where acupuncture treatment is required for the injured worker. Given the above, the request for acupuncture 2 times a week for 4 weeks is not medically necessary

**Aquatic Therapy times 12:** 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:** The requested is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guideline recommends aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The amount of visits requested exceeds guidelines recommended amount. There was lack of documentation of outcome measurements of previous physical therapy sessions. In addition, the request failed to indicate what location of the body is requiring Aquatic Therapy. Given the above, request for aquatic therapy 12 times is not medically necessary.