MAXIMUS Federal Services

Case Number:	CM14-0214348		
Date Assigned:	01/07/2015	Date of Injury:	07/04/2008
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Internal Medicine

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 an injured worker with a history of neck and upper extremity complaints. The date of injury on July 4, 2008. Regarding the history of injury, the patient tripped at work and fell on her back and left side. She underwent conservative treatment. She had electrodiagnostic testing that found bilateral cubital tunnel syndrome. She has tried medications as well as both land-based and aquatic therapy. She has undergone acupuncture as well using a gym membership. The patient had left cubital tunnel release on September 6, 2012. On June 27, 2013 she was found to have moderately severe demyelinating ulnar motor neuropathy of both elbows without denervation on the left side. She received acupuncture. On January 13, 2014 she underwent an ulnar nerve transposition on the left side as well as a left carpal tunnel release. The patient had 22-24 sessions of postoperative occupational therapy following her ulnar nerve transverse position. She has completed 12 sessions of acupuncture. The progress report dated September 23, 2014 documented subjective complaints of neck pain and spasm, left wrist pain, back pain, buttock pain, left trochanter pain, right trochanter pain, left hand pain, left elbow pain, left shoulder pain, right shoulder pain, left knee pain, and right knee pain. No focal weakness or parasthesia of the arms or legs were noted. Physical examination was documented. Reflexes were normal. Strength was normal as was her sensation. Spurling's maneuver was negative bilaterally. As relates to the shoulders there was limited range of motion. The elbow exam found diffuse tenderness in the left upper extremity. She had a well-healed scar. She has normal strength in the upper extremities with normal range of motion. There was no tenderness when palpating the wrists. She has atrophy of the left hand thenar and hypothenar muscles. She has full

range of motion of both wrists. There is a negative carpal tunnel compression test, Phalen's test, Tinel's test, and Finkelstein test bilaterally. There is normal strength and equal grip. Weight was 109 pounds. Height was 5 feet 8 inches. Body mass index BMI was 16.6. Diagnoses included neck pain. Treatment plan was documented. Acupuncture 6 sessions and aquatic therapy 6 sessions were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 1-2x week x 3 weeks for 6 sessions to the neck and back: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Medical records do not document extreme obesity. The progress report dated September 23, 2014 documented that the body mass index BMI was 16.6. Weight was 109 pounds. Height was 5 feet 8 inches. The patient was underweight. No focal weakness of the legs was noted. The patient has received over 22 physical medicine treatments. Per MTUS, aquatic therapy is specifically recommended where reduced weight bearing is desirable, which is not exhibited in the medical records. Therefore, the request for aquatic therapy is not supported by MTUS guidelines. Therefore, the request for Aquatic Therapy 1-2x week x 3 weeks for 6 sessions to the neck and back is not medically necessary.

Acupuncture 2x3 for 6 sessions for the neck and back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Medical records indicated that the patient has completed 12 sessions of acupuncture. The progress report dated September 23, 2014 documented a request for 6 additional acupuncture sessions. The 9/23/14 progress report did not

document functional improvement with past acupuncture treatments. Because functional improvement was not exhibited, the request for 6 additional acupuncture sessions is not supported by MTUS guidelines. Therefore, the request for Acupuncture 2x3 for 6 sessions for the neck and back is not medically necessary.