

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0179109 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 08/07/2013 |
| <b>Decision Date:</b> | 10/23/2015   | <b>UR Denial Date:</b>       | 08/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2015 |

### 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, Indiana, New York  
 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 injured worker is a 28 year old female, who sustained an industrial injury on August 7, 2013. Medical records indicate that the injured worker is undergoing treatment for Achilles bursitis and tendinitis, carpal tunnel syndrome, brachial neuritis or radiculitis, cervical spine sprain-strain, bilateral elbow ulnar nerve entrapment, bilateral hand De Quervain's tenosynovitis, lumbar sprain-strain, right knee medial meniscus tear, left knee medial and lateral meniscus tear and bilateral plantar fasciitis. The injured worker was noted to be temporarily totally disabled. Current documentation dated July 22, 2015 notes that the injured worker reported neck pain which radiated to the arms with associated numbness and tingling down the arms to the fingers and bilateral wrist and hand pain which radiated to the fingers with associated numbness and tingling. The injured worker also noted low back pain, bilateral knee pain and bilateral ankle and foot pain. Examination of the cervical spine revealed tenderness to palpation with myospasms and a decreased and painful range of motion. Examination of the bilateral hands revealed hyperesthesia over the ulnar aspect of the hands and the fourth and fifth fingers. A Tinel's sign was positive over the ulnar groove. Elbow examination revealed bilateral tenderness over the medial epicondyles. Examination of the lumbar spine revealed tenderness, trigger points and a painful and decreased range of motion. Bilateral knee examination revealed a normal range of motion. An apprehension test was positive. Bilateral ankle and foot examination revealed tenderness over the lateral ankle capsular area and the area of attachment of the Achilles tendon to the calcaneus. A drawer test was negative. Treatment and evaluation to date has included medications, MRI of the right ankle (3-12-2015), MRI of the left ankle (3-18-2015), x-rays of the

bilateral wrists and knees, MRI of the bilateral knees and bilateral wrists (2014), MRI of the lumbar spine and cervical spine (2013), electrodiagnostic studies of the upper extremities (2014), acupuncture sessions (amount unspecified) and aquatic therapy (amount unspecified). Current medications include Flexeril, Naproxen, Prilosec, Tramadol, and Voltaren gel. Current requested treatments include requests for acupuncture for the bilateral elbows-wrists two times a week for three weeks # 6 sessions and aqua therapy for the neck-back-bilateral knees and ankles two times a week for six weeks # 6 sessions. The Utilization Review documentation dated non-certified the requests for acupuncture for the bilateral elbows-wrists two times a week for three weeks # 6 sessions and aqua therapy for the neck-back-bilateral knees and ankles two times a week for six weeks # 6 sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture treatment for the bilateral elbow and wrist 2 times a week for 3 weeks, quantity: 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture treatment to the bilateral elbows and wrists two times per week times three weeks #6 sessions is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervical spine myoligamentous sprain strain; bilateral elbow ulnar nerve entrapment; bilateral hand DeQuervain's; bilateral wrist sprain; lumbar spine myoligamentous sprain strain; right and left knee sprain; bilateral ankle sprain; and bilateral plantar myofasciitis. Date of injury is August 7, 2013. Request for authorization is August 24, 2015. The medical record contains 26 pages and one progress note dated July 22, 2015. According to the July 22, 2015 progress note, the documentation indicates the injured worker received prior acupuncture and aquatic therapy. There is no documentation with past acupuncture or aquatic therapy progress notes. There is no objective functional improvement. The utilization review indicates the injured worker received 12 acupuncture sessions and six aquatic therapy sessions. As noted above, there is no documentation demonstrating objective functional improvement. Subjectively, the injured worker has ongoing neck pain, bilateral wrist and hands, elbows, low back, knee and foot pain. Symptoms have been relieved with acupuncture. The guidelines recommend acupuncture up to 8 to 12 visits over 4 to 6 weeks. The injured worker received 12 acupuncture sessions. There are no compelling clinical facts indicating additional acupuncture is clinically indicated. Based on

clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and guideline recommendations limiting acupuncture to 8 to 12 sessions over 4 to 6 weeks, acupuncture treatment to the bilateral elbows and wrists two times per week times three weeks #6 sessions is not medically necessary.

**Aqua therapy for the neck, back, bilateral knee and ankles 2times a week for 3 weeks, quantity: 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy to the neck, back, bilateral knees and ankles two times per week times 3 weeks (#6 sessions) is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are cervical spine myoligamentous sprain strain; bilateral elbow ulnar nerve entrapment; bilateral hand DeQuervain's; bilateral wrist sprain; lumbar spine myoligamentous sprain strain; right and left knee sprain; bilateral ankle sprain; and bilateral plantar myofasciitis. Date of injury is August 7, 2013. Request for authorization is August 24, 2015. The medical record contains 26 pages and one progress note dated July 22, 2015. According to the July 22, 2015 progress note, the documentation indicates the injured worker received prior acupuncture and aquatic therapy. There is no documentation with past acupuncture or aquatic therapy progress notes. There is no objective functional improvement. The utilization review indicates the injured worker received 12 acupuncture sessions and 6 aquatic therapy sessions. As noted above, there is no documentation demonstrating objective functional improvement. Subjectively, the injured worker has ongoing neck pain, bilateral wrist and hands, elbows, low back, knee and foot pain. There is no documentation in the medical record of failed land-based physical therapy. There is no clinical indication or rationale for aquatic therapy. There is no documentation indicating reduced weight-bearing is desirable. There is no documentation demonstrating objective functional improvement with prior aquatic therapy (six sessions previously rendered). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed land-based physical therapy, no clinical indication or rationale for ongoing aquatic therapy and no documentation demonstrating objective functional improvement from prior aquatic therapy, aquatic therapy to the neck, back, bilateral knees and ankles two times per week times 3 weeks (#6 sessions) is not medically necessary.