

Case Number:	CM14-0033463		
Date Assigned:	06/20/2014	Date of Injury:	06/14/2012
Decision Date:	07/19/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/17/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 24, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties and cervical MRI imaging of September 26, 2013, notable for multilevel degenerative disk disease of uncertain clinical significance. In a Utilization Review Report dated February 24, 2014, the claims administrator denied a request for acupuncture and aquatic therapy. Outdated 2007 MTUS Acupuncture Guidelines were cited along with the now-renumbered MTUS 9792.20e. The claims administrator did not state whether or not the request for acupuncture was a first-time request or not but noted that the course of treatment of proposed by the attending provider was well in excess of MTUS parameters. On September 4, 2013, the applicant apparently presented with neck, shoulder, and mid back pain. The applicant was still smoking, it was stated. The applicant was transferring care to a new primary treating provider (PTP), it was further noted. The applicant was also alleging derivative complaints of sleep disturbance, it was suggested. MRI imaging of multiple body parts, pain management consultant, and aquatic therapy were sought. The applicant's gait was not described. The applicant's height and weight were not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times eighteen visits for the neck and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in California MTUS 9792.24.1.c.1, the time deemed necessary to produce effect following introduction of acupuncture is three to six treatments. In this case, then, the 18-session course of acupuncture proposed by the attending provider represents treatment three to six times California MTUS parameters. The attending provider has not proffered any applicant-specific rationale which would support treatment of an amount such in excess of California MTUS parameters. Therefore, the request is not medically necessary.

Pool therapy times twelve visits for the neck and right shoulder: Upheld

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

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

Decision rationale: As noted on page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, in applicants in whom reduced weight bearing is desirable. In this case, however, there is no mention of any issues with gait derangement, severe obesity, advanced arthritis, or other condition for which reduced weight bearing would be desirable. The applicant's height, weight, BMI, and/or ambulatory status were not discussed on the progress note in question. Therefore, the request is not medically necessary.