

<b>Case Number:</b>	CM13-0021227		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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:

45 y.o. Patient with date of injury from 4/23/09. A denial letter from 8/12/13 states that the requests for MRI of wrist, EMG/NCV studies and aqua therapy were denied due to lack of clinical description, discussion of prior treatments, no neurologic deficits to speak of. The treating physician request for the listed items are dated 8/30/13. The listed diagnosis are s/p arthroscopic surgery of left knee 3/23/10, myofascial sprain L/S, chondromalacia of bilateral knees, medial meniscus tear, extensor endinitis of right wrist, depression, s/p right shoulder arthroscopy 1/8/12. The 9/9/13 report is a hand-written one with check boxes. The request was for Rt wrist MRI to r/o internal derangement, EMG of u/e to r/o nerve entrapment and to continue requesting aquatic therapy for bilateral knees. 8/29/13 report is similar, states that the patient's condition is status quo and will be p&s'd in 8 weeks. Examination findings of the wrist only show palpable tenderness with full ROM. 7/18/13 report also shows similar findings. This report has decreased ROM of the wrist. Subjective complaints only have moderate right wrist pain, no improvement with ADL's affected. No description of location of pain, numbness/tingling or weakness, etc. 6/6/13 report has positive phalen's under wrist objective findings. The report does state "right dorsal wrist prominent nodule." There is a report which is likely from May 2013 without a date on it, talks about how the "pt reports improved with therapy rx'd by [REDACTED]". No other discussion regarding therapy. 1/13/13 report also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist MRI:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The treating physician does not mention any acute trauma, or any suspicion of subtle fracture and there are no discussion as to whether or not ligamental tears/instability is an issue. Just routinely ordering an MRI to address pain is not recommended. For chronic wrist pain, there has to be a suspicion of tissue tumor, Kienbock's disease per ODG guidelines, as well as a negative X-ray. The treating physician, however, does indicate a "prominent nodule of the wrist" on right side. Given the chronicity of the problem and the nodule that is present, authorization of the requested MRI is recommended.

**EMG/NCS upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** ACOEM guidelines, it is recommended as a diagnostic tool to differentiate various different conditions that may be affecting the wrist. This patient suffers from chronic wrist pain, with some positive examination findings and an EMG/NCV studies appear to be indicated. The EMG/NCS studies are recommended to be certified.

**Aqua therapy two (2) times a week for four (4) weeks, knee and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**Decision rationale:** Review of the medical reports show in May 2013, the patient underwent "therapy" with improvement. This was apparently prescribed by another physician. The treating physician has asked for aqua therapy and there is inadequate information to recommend authorization. First, the effectiveness of prior therapy must be described. It was apparently improving the patient's condition and it is not known why the treating physician is now recommending aqua therapy. Aqua therapy is used for patients with weight-bearing problems and there is no indication that this is the case for this patient. The patient is using a cane, but the treating physician does not indicate that the patient is unable to tolerate land-therapy. In fact, based on the note from May, it does appear that the patient is tolerating "therapy" and improving. The MTUS recommends using aqua therapy to minimize effect of gravity. In this patient, one cannot tell that minimizing gravity would be of any benefit. The treating physician does not discuss it. Recommendation is for denial of the request.