MAXIMUS Federal Services

Case Number:	CM13-0022016		
Date Assigned:	10/16/2013	Date of Injury:	06/02/2003
Decision Date:	05/05/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

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, 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 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 patient is a 51 year-old female with a date of injury of 06/02/2003. The listed diagnoses per [redacted] are: 1) Left wrist pain 2) L5 spondylosis with grade 1 L5-S1 spondylosis and L5 foraminal stenosis. According to report dated 08/12/2013 by [redacted], the patient present with low back and left wrist pain. Patient injured her right ankle during a fall in 2003, which led to surgery in 2011. The patient also injured her back and wrist and the provider has now been "allowed to treat her for her lumbar spine." The patient also has left wrist complaints which the provider states "we have now been allowed to evaluate her for the left wrist." Examination of the lumbar spine reveals patient can touch six inches of the floor. Extension 15 degrees. Reflexes are 2+/2+ at L4 and S1. She can heal and toe walk and is neurological intact. Examination of the left wrist revealed extension 60 degrees with pain in the mid portion of her wrist dorsally. Flexion 75 degrees, ulnar deviation 30 degrees, and radical deviation 20 degrees. She has pain and tenderness to direct palpation over the scapholunate interval. She has negative Watson's, Durkin's and Finkelstein's test. X-rays of the left wrist demonstrates normal bony anatomy with no evidence of scapholunate dissociation. The provider is requesting aquatic therapy for the wrist and lumbar spine and an MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT WRIST WITH INTRA-ARTICULAR CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand

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), Forearm, Wrist and Hand

Decision rationale: This patient present with low back and left wrist pain. The provider is requesting an MRI of the left wrist. ACOEM guidelines chapter 11 pgs. 268-269 has the following regarding special studies and diagnostic and treatment considerations: "for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation." For MRI of the wrist, ODG guidelines provide a further discussion and for MRI, suspicion of soft-tumor suspicion, Kienbock's disease in addition to scaphoid/gamekeeper/ligament disruption are required. In this case, review of reports from 01/07/2013 to 08/12/2013 do not provide any discussions regarding these concerns and records show there are no recent acute trauma, or any suspicion of subtle fracture. Recommendation is for denial.

TWELVE (12) PHYSICAL THERAPY VISITS WITH AQUATIC THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: This patient present with low back and left wrist pain. The provider is requesting 12 aqua therapy session. The MTUS guidelines pg. 22 recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing, such as in extreme obesity. For duration of treatment, MTUS pg. 98, 99 under physical medicine section states that 9-10 sessions are indicated for various myalgia and myositis type symptoms. In this case, it appears the patient has not had any physical therapy, aquatic or land-based, for her low back or wrist complaints, warranting a course of therapy. However, the patient does not have any weight bearing restrictions and the requested 12 sessions exceed what is recommend by MTUS. Recommendation is for denial.