

Case Number:	CM13-0045051		
Date Assigned:	12/27/2013	Date of Injury:	02/11/2008
Decision Date:	05/29/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/01/2013

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 Pain Management 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 55 year old female who was injured on 02/11/2008. She was injured for the first time in 1988 when she had a slip and fall injury at work. Her condition deteriorated on 02/11/2008. Prior treatment history has included the patient undergoing a left dorsal compartment release on 11/06/2008 and a right ring finger A1 pulley release on 03/19/2009. She has been treated with trigger point injections x4. QME note dated 09/19/2013 documented the patient has been experiencing constant pain in her upper and lower back that has been 7/10 without medications. She does not have any numbness in her lower extremities. She feels depressed and rated her depression as 2/10 with 10 being the most severe. She has some problem sleeping currently. Objective findings on exam revealed ranges of motion of the cervical spine were grossly within normal limits. There are multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene and infraspinatus muscles. The range of motion of the thoracic and lumbar spine was slightly too moderately restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the upper and lower paraspinal musculature as well as in the gluteal muscles. Sensation to fine touch and pinprick was decreased in the 1st and 2nd digits of the right hand. Grip strength was decreased on the right and left hand at +4/5. Assessment: 1. Pain and numbness in bilateral upper extremities due to cervical radiculopathy versus peripheral nerve entrapment. 2. Chronic myofascial pain syndrome, cervical and thoracolumbar spine. 3. Status post surgery for bilateral de Quervain's tenosynovitis. 4. Status post bilateral carpal tunnel release. 5. Medial epicondylitis. Treatment Plan: 1. Tramadol 2. Fluoxetine 3. Mirtazapine.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22; 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Thoracic Pain, Aquatic Therapy.

Decision rationale: The MTUS and ODG recommend Aquatic Therapy as an alternative form of land based physical exercise as a way to minimize the effects of gravity. It can be useful for cases of extreme obesity and for patients with fibromyalgia. In addition, it should be used like any physical therapy program as a treatment option for acute pain with the goal(s) of improving function and transitioning the patient to an active home based exercise program. The medical record document does not indicate that the patient cannot tolerate regular land based physical exercise nor has a diagnosis of obesity or fibromyalgia. Further, the documents do not provide any treatment plan to transition the patient to an active home exercise program. Based on the guidelines stated above and criteria as well as the clinical documentation stated above, the request is not medically necessary.