

Case Number:	CM14-0000411		
Date Assigned:	01/10/2014	Date of Injury:	10/30/2012
Decision Date:	06/09/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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:

According to the records made available for review, this is a 44-year-old male with a 10/30/12 date of injury. At the time (12/13/13) of request for authorization for aquatic therapy for the bilateral wrists, two (2) times per week for six (6) weeks, there is documentation of subjective (right wrist pain and discomfort with aches and weakness, right middle finger triggering and popping sensation) and objective (right hand significant amount of tenderness and swelling in the right thenar region, tenderness along the base of the thumb on the volar aspect of the MCP, able to flex at the IPJ and MCP joint of the right thumb but is painful and limited, palpable mass in the thenar region, lacks full ROM of right index finger, lacks palmar touch of right index finger by 1 cm) findings, current diagnoses (history of right hand penetration trauma secondary to wound splinter, trigger finger of right middle, ring, small fingers), and treatment to date (TENS unit, HEP, activity modification, and medications). There is no documentation of a condition where reduced weight bearing is desirable (such as extreme obesity).

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE BILATERAL WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page(s) 114.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity), as criteria necessary to support the medical necessity of aquatic therapy. MTUS reference to ACOEM guidelines identifies importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those, as criteria necessary to support the medical necessity of physical modalities. Within the medical information available for review, there is documentation of diagnoses of history of right hand penetration trauma secondary to wound splinter, trigger finger of right middle, ring, small fingers However, there is no documentation of a condition where reduced weight bearing is desirable (such as extreme obesity). Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy for the bilateral wrists, two (2) times per week for six (6) weeks is not medically necessary.