

Case Number:	CM14-0000768		
Date Assigned:	01/17/2014	Date of Injury:	06/10/2013
Decision Date:	06/06/2014	UR Denial Date:	12/19/2013
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 Physical Medicine and Rehabilitation, 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:

This 53 year-old patient sustained an injury on 6/10/13 while employed by [REDACTED]. While positioning a heavy channel iron, it shifted and landed on his right thumb. Request(s) under consideration include 18 sessions of aquatic therapy. Diagnoses include right thumb crush injury with fracture s/p ORIF (open reduction internal fixation) on 7/24/13 with right arm/thumb pain and numbness. Conservative care has included activity restrictions, pain medications, occupational therapy, and home exercise program. Follow-up X-rays on 8/27/13 showed right thumb healing well. MRI on 11/14/13 showed metallic artifact at second base of thumb phalanx with deformity, bony changes of first metacarpal head compatible with previous fracture or bony osteoarthropathy. Neurological exam of 11/5/13 noted DTRs of 2+ in upper extremities; 6'2" weight 225 pounds (BMI 28.9). Re-evaluation on 12/3/13 noted constant right thumb pain rated at 6-7/10 without medications with frequent numbness in right arm. Exam showed cervical range; decreased right thumb IP joint flexion at 30 degrees; decreased right grip strength; decreased sensation at right thumb; findings relatively unchanged from previous report of 11/5/13. Recommendation included medication, HEP, aquatic therapy at gym or [REDACTED]. Request(s) for 18 sessions of aquatic therapy was non-certified on 12/19/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 SESSIONS OF AQUATIC THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment In Worker's Compensation, Online Edition, Chapter: Neck And Upper Back, Low Back- Lumbar & Thoracic, Physical Therapy (PT); Gym Memberships ; as well as American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 8 – Neck and Upper Back Complaints, Table 8-8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: This 53 year-old patient sustained an injury on 6/10/13 while employed by [REDACTED]. While positioning a heavy channel iron, it shifted and landed on his right thumb. Request(s) under consideration include 18 sessions of aquatic therapy. Diagnoses include right thumb crush injury with fracture s/p ORIF (open reduction internal fixation) on 7/24/13 with right arm/thumb pain and numbness. Conservative care has included activity restrictions, pain medications, occupational therapy, and home exercise program. Follow-up X-rays on 8/27/13 showed right thumb healing well. MRI on 11/14/13 showed metallic artifact at second base of thumb phalanx with deformity, bony changes of first metacarpal head compatible with previous fracture or bony osteoarthropathy. Neurological exam of 11/5/13 noted DTRs of 2+ in upper extremities; 6'2" weight 225 pounds (BMI 28.9). Re-evaluation on 12/3/13 noted constant right thumb pain rated at 6-7/10 without medications with frequent numbness in right arm. Exam showed cervical range; decreased right thumb IP joint flexion at 30 degrees; decreased right grip strength; decreased sensation at right thumb; findings relatively unchanged from previous report of 11/5/13. Recommendation included medication, HEP, aquatic therapy at gym or [REDACTED]. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time as the patient sustained a thumb injury s/p ORIF and is not considered morbidly obese from injury sustained. The patient is not status-post recent lumbar or knee surgery, nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. He has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. The 18 sessions of aquatic therapy is not medically necessary and appropriate.