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| Case Number: | CM14-0004361 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 07/01/2005 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/06/2014 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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:

This is a 57-year-old female patient with a 7/1/05 date of injury. On 12/21/2012 the patient underwent right thumb carpometacarpal joint arthroplasty with excision of the flexor carpi radialis, ligament reconstruction, tendon interposition, and thumb abductor shortening. On 6/17/2013 she had right ultrasound-guided median and radial nerve block. A 7/2/2013 progress report indicated that the patient had neck pain, which radiated to the right wrist and elbow, as well as pain in the lower back and right hip. A 09/12/2013 progress report indicated that she recently had a stroke, from which she gradually recovered. She reported that she had significant improvement in her digital range of motion. Objective findings also reported that the patient ambulating normally, without any difficulty or assisting devices. A 10/22/13 progress report indicated that physical exam demonstrated decrease digital stiffness, less skin mottling and decreased hypersensitivity to touch. A 12/16/13 progress report indicated persistent aching, shock like pain in the neck and lower back, 7-9/10. A 1/13/2014 progress report indicated that the patient had persistent pain in the neck, in addition to headache, 6-9/10. She also complained of low back pain. Physical exam demonstrated tenderness in the cervical facet joints bilaterally, which was worse on the left hand side. She reported pain with cervical extension. She was diagnosed with cervical and lumbar spondylosis, sacroilitis. Treatment to date has included Dendracin lotion 60mi#1, Nabumetone 750 mg #60 1 p.o. Norco 10/325 mg 1 tab. per day, Dexilant 30 mg 1 capsul per day, Cymbalta 30 mg 1 capsule daily, Terocin patches, aquatic therapy which gave a good result in the past as noted in the 12/16/13 progress report.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL AQUATIC THERAPY QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY, 22

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. The patient presented with aching pain in the neck and lower back. Treatment included pain medication and aquatic therapy as indicated in the previous review, which did help with pain management. However, there is no indication of when this therapy took place, nor any indication of subjective or objective improvements with regard to pain and exam findings. In addition, there was no evidence that patient is not able to perform land based therapy. Therefore, the request for ADDITIONAL AQUATIC THERAPY QTY: 6.00 was not medically necessary.