MAXIMUS Federal Services

Case Number:	CM14-0005855		
Date Assigned:	02/25/2014	Date of Injury:	07/14/2003
Decision Date:	06/13/2014	UR Denial Date:	12/19/2013
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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 41 year old female who reported an injury on 07/14/2003. Per the progress report dated 10/15/2013 the injured worker was reported to have paravertebral muscle tenderness of the lumbar spine with spasms. The range of motion was reported to be decreased with a positive straight leg raise on the right. The left hand reported tenderness to palpation of the first metacarpal joint and tenosynovitis was present. The digit appeared to be dislocated. The diagnoses reported for the injured worker included lumbar radiculopathy and chronic first metacarpal phalangeal joint dislocation. Per the progress note dated 06/25/2013 the injured worker was attending aquatic therapy for the low back. The request for authorization for medical treatment was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) AQUA THERAPY SESSIONS FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: Per the MTUS Chronic Pain Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. There was a lack of documentation regarding the need for aquatic therapy. There was a lack of documentation showing physical difficulties that would prevent the injured worker from participating in land based physical therapy. In addition, it was noted that the injured worker was attending aquatic therapy in June of 2013 but there was no indication of the number of sessions attend or the efficacy of the sessions. Therefore, the request is not medically necessary and appropriate.

MRI OF THE LEFT HAND.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Forearm, Wrist & Hand Chapter, Indications for Imaging (MRI).

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).

Decision rationale: ACOEM Guidelines states for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. The Official Disability Guidelines state magnetic resonance imaging (MRI) is appropriate when acute hand or wrist trauma, when a fracture is suspected but radiographs are normal. Repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There was a lack of documentation regarding the injury to the hand. It was speculated that the first metacarpal phalangeal joint was dislocated but there were no clinical findings to support this observation. Therefore, the request for an MRI of the left hand is not medically necessary and appropriate.