

Case Number:	CM14-0109646		
Date Assigned:	08/01/2014	Date of Injury:	05/21/2013
Decision Date:	12/18/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 52-year old female patient with a date of injury 5/21/2013. In a progress noted dated 6/27/2014, the subjective findings were illegible. Objective findings included joint pain, muscle spasms, and numbness. There were no psychological symptoms noted, such as depression, stress, anxiety, mood swings, and difficulty sleeping. In a progress note dated 5/14/2014, the provider recommended physical therapy 2x/week for 4 weeks. The diagnostic impression showed chronic sprain of the right wrist, right hand, and right forearm. Treatment to date: medication management, behavioral modification. A UR decision dated 6/30/2014 denied the request for fluoxetine 10mg, 1qd #30 and Aquatic Therapy 3 times per week for 12 weeks. Regarding fluoxetine, the rationale provided regarding the denial was that the patient continued to be depressed and crying more often; however, it did not appear the patient had been evaluated by a psychologist or psychiatrist to diagnose the patient with major depressive disorder. Regarding Aquatic Therapy, the rationale provided regarding the denial was that there was no indication that exercise in a non-weight bearing environment would be required as opposed to land-based therapy. The provider also requested physical therapy on 5/14/2014. However, there was no indication as to whether this was completed, and if so, what the response was.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine HCL, 10 mg, 1 every day, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that Prozac is recommended as a first-line treatment option for major depressive disorder. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. SSRI's are also recommended as a first-line choice for the treatment of Post-traumatic stress disorder (PTSD). However, in the present case, the subjective findings in the 6/27/2014 progress report were illegible. Furthermore, the objective examination did not note the presence of psychological symptoms, such as depression, stress, anxiety, mood swings, and difficulty sleeping. Therefore, the request for Fluoxetine HCL 10 mg, 1 every day #30, is not medically necessary.

Aquatic therapy 3 times per week for 12 weeks: 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: 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. However, in the present case, there was no indication that this patient required aquatic therapy, as opposed to land-based therapy. In fact, a 5/14/2014 progress report noted that physical therapy was recommended by the provider, and there was no rationale provided regarding why this patient required aquatic therapy in addition to physical therapy. Therefore, the request for Aquatic Therapy 3 times per week for 12 weeks was not medically necessary.