

Case Number:	CM14-0110966		
Date Assigned:	08/01/2014	Date of Injury:	09/20/2002
Decision Date:	10/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/16/2014

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 Family 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:

The injured worker is a 54-year-old female whose date of injury is 09/20/2002. The mechanism of injury is not described. The injured worker underwent left carpal tunnel release on 03/09/07, Botox injections, right knee Synvisc injections and medication management. Diagnoses are low back pain, muscle spasms/cervical dystonia, cervicogenic headaches/migraines, status post carpal tunnel release bilateral wrists. Office visit note dated 06/11/14 indicates that Tinel's and Phalen's are positive at the bilateral hands. There is decreased grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY/EXERCISES: Upheld

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

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

Decision rationale: The request is nonspecific and does not indicate the frequency and duration of the requested treatment. There is no comprehensive assessment of recent treatment completed. There is no clear indication as to why reduced weightbearing is desirable as required by CA MTUS guidelines. The injured worker's compliance with an active home exercise program is not

documented. Therefore, the request for aquatic therapy/exercises is not medically necessary and appropriate.