

<b>Case Number:</b>	CM14-0119298		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/25/2014
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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:

This is a 52-year-old female who reported an industrial injury on 1/25/2014, eight months ago, attributed to the performance of her usual and customary job duties reported as a trip and fall over an extension cord and falling onto her hands and knees. The patient completed the shift. The following day the patient was evaluated with x-rays to the knees and wrists which were normal. Patient received physical therapy and medications which failed to demonstrate any improvement. The patient was laid off on 2/12/2014. The patient complained of headaches, bilateral wrist pain, and bilateral knee pain. The objective findings on examination included diminished range of motion to the bilateral wrists; cervical spine and lumbar spine; negative Finkelstein's test; negative Phalen's test; negative Tinel's test; decreased range of motion to the left knee stated as 0; left knee with positive McMurray sign; negative instability; negative medial joint line tenderness; sensation was intact throughout the upper and lower extremities; grip strength was decreased in the right and left hand. The diagnoses included sprain injury of bilateral knees; pain numbness and weakness both hands wrist; mild ligamentous injury lumbar spine; chronic daily headaches muscle contraction type. The treatment plan included bilateral wrist braces and aquatic therapy 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME BRACES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand---Splints

**Decision rationale:** The requested right/left wrist brace is not demonstrated to be medically necessary for the treatment of the effects of the industrial injury five (5) months ago and was not demonstrated to be medically necessary. There is no objective evidence provided to support the medical necessity of a wrist brace for the diagnoses cited with no objective findings documented for the wrists other than tenderness and reported weakness. There are no documented objective findings on examination to support the medical necessity of the requested bilateral wrist braces. There is no demonstrated medical necessity for bilateral wrist braces eight (8) months after the reported trip and fall onto her hands and knees. There is no demonstrated medical necessity for immobilization where's the patient should be actively exercising her hands and wrists. Therefore this request is not medically necessary.

**AQUATIC THERAPYx12 VISITS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203-204, 299-300, Chronic Pain Treatment Guidelines Physical Medicine Aquatic Therapy Page(s): 98, 99, 22.

**Decision rationale:** The patient has received prior sessions of physical therapy and has exceeded the recommendations of the CA MTUS. The patient is not precluded from performing land-based exercise. There is no rationale to support additional PT over the number of sessions recommended by the CA MTUS. The additional sessions are significantly in excess of the number of sessions of PT recommended by the CA MTUS. There is no demonstrated medical necessity for continued PT as maintenance care eight (8) months after the DOI. There was no performed physical examination and no documented objective findings to support the medical necessity of aquatic therapy directed to the lumbar spine. The provider fails to document any objective findings on examination other than TTP and decreased ROM. There is no muscle atrophy; weakness; or neurological deficits to warrant the provision of additional PT. The patient should be in a self-directed home exercise program as recommended without the necessity of additional PT or professional supervision. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar spine for sprain/strains, degenerative disc disease, or lumbar radiculopathies. The patient has exceeded the recommendations of the CA MTUS. There is no objective evidence or findings on examination to support the medical necessity of additional PT. The patient was some restrictions to ROM but has normal strength and neurological findings. There is no provided objective evidence that the patient is unable to participate in a self-directed home exercise program for continued conditioning and

strengthening. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of unspecified sessions of physical therapy/aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lower back pain. There is no provided objective evidence that the patient is precluded from performing a self-directed home exercise program for further conditioning and strengthening for the back and bilateral lower extremities. The patient is not demonstrated to not be able to participate in land-based exercises. There is no provided objective evidence to support the medical necessity of the requested additional aquatic therapy for the treatment of the back and lower extremities in relation to the effects of the industrial injury. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lumbar spine. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy over the recommended self-directed home exercise program. The use of pool therapy with no evidence of a self-directed home exercise program is inconsistent with evidence-based guidelines. The CA MTUS does not specifically address the use of pool therapy for the back and state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines.". The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence-based guidelines are consistent with a self directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. There is no demonstrated medical necessity for the requested 12 sessions of aquatic therapy directed to the lumbar spine or for the cited diagnoses. Therefore, this request is not medically necessary.