

Case Number:	CM14-0121587		
Date Assigned:	08/06/2014	Date of Injury:	05/07/1991
Decision Date:	10/01/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 69 year old female whose date of injury is 05/07/1991. The mechanism of injury is not described. Treatment to date includes ring trigger, finger release, x-rays, TENS (Transcutaneous Electric Nerve Stimulation) unit, finger injections and medication management. Preoperative evaluation dated 05/14/14 indicates that she presents for preoperative consultation for right trigger finger release. Note dated 06/04/14 indicates that there is a well-approximated healing surgical incision. Diagnoses are status post right ring finger, trigger release, and lumbar radiculopathy. Note dated 06/11/14 indicates that she ambulates with the use of a cane. There is tenderness in the lower lumbar paravertebral musculature. Straight leg raising is positive on the right. Strength is intact in the lower extremities. She wants repeat diagnostic studies as her last MRI was over 2 years ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Aquatic therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Physical Medicine Guidelines

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

Decision rationale: CA MTUS guidelines support aquatic therapy when reduced weight bearing is desirable. There is no indication as to why reduced weight bearing is desirable in this case. There is no comprehensive assessment of treatment to the lumbar spine completed to date or the patient's response there to submit for review. There are no specific, time-limited treatment goals provided. Therefore, the request of twelve (12) Aquatic therapy sessions for the lumbar spine is not medically necessary and appropriate.