

Case Number:	CM14-0070447		
Date Assigned:	07/14/2014	Date of Injury:	01/01/2006
Decision Date:	09/18/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old individual was reportedly injured on 1/1/2006. The mechanism of injury is not listed. The most recent progress note, dated 3/27/2014. Indicates that there are ongoing complaints of right wrist pain. The physical examination demonstrated right wrist: well healed surgical scar noted to bilateral wrists, and right elbow. Decreased sensation to light touch in the 4th and 5th digits of the right and left hand as well as bilateral thumbs. Moderate muscle atrophy noted to the bilateral thenar muscles, +4/5 trips strength bilaterally. Diffuse tenderness noted to the right wrist on palpation and ranges of motion of the right wrist were decreased in all directions. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, medications, and conservative treatment. A request had been made for aquatic therapy 2 times a week for 6 weeks for the right wrist, urine drug screen, and was not certified in the pre-authorization process on 5/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x6 to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

Decision rationale: 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. After review the medical records provided there is limited benefit individual can get from doing aquatic therapy for the wrist. Therefore this request is deemed not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.