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| <b>Case Number:</b>   | CM15-0104186 |                              |            |
| <b>Date Assigned:</b> | 06/08/2015   | <b>Date of Injury:</b>       | 05/05/1998 |
| <b>Decision Date:</b> | 07/13/2015   | <b>UR Denial Date:</b>       | 05/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/01/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old female, who sustained an industrial injury on May 5, 1998. She reported back, left leg, and left knee injuries due to cumulative trauma. The injured worker was diagnosed as having musculoligamentous strain of the lumbar spine and degenerative joint disease of bilateral wrists. Diagnostic studies to date have included x-rays and MRI. Treatment to date has included a spinal cord stimulator, individual and group psychotherapy, a cane, physical therapy, a non-steroidal anti-inflammatory injection, and medications including pain, anti-anxiety, antidepressant, muscle relaxant, and non-steroidal anti-inflammatory. On April 14, 2015, the injured worker complains of sharp low back pain that occurs most of the time. She complains of dull to sharp bilateral wrist pain with numbness and tingling in the bilateral first to fifth fingers, more on the right. The pain occurs most of the time. The physical exam revealed tenderness to palpation and decreased range of motion. The treatment plan includes aquatic therapy for the lumbar and right wrist support with thumb immobilizer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy, twice a week for six weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 21-22, 98-99.

**Decision rationale:** The patient presents with pain affecting the neck, lower back, and the bilateral wrists and knees. The current request is for Aquatic Therapy, twice a week for six weeks. The treating physician states in the report dated 4/14/15, "Awaiting aquatic therapy for the lumbar spine." (215B) The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight bearing. In this case, the treating physician documents that the patient is status post gastric bypass surgery, bilateral total knee arthroplasty, and have a spinal cord stimulator. However, the requested amount of visits exceeds MTUS recommendations. While reduced weight bearing in aquatic therapy would be beneficial for this patient. The current request is not medically necessary.

**Right wrist support with thumb immobilizer:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Wrist Splints ACOEM Guidelines page 265.

**Decision rationale:** The patient presents with pain affecting the neck, lower back, and the bilateral wrists and knees. The current request is for Right wrist support with thumb immobilizer. The treating physician states in the report dated 4/14/15, "The patient is not working and has had no new injuries. She is the same. Right wrist support with thumb immobilizer." (215B) The ODG guidelines state, "Recommended for treating displaced fractures." The ACOEM guidelines only recommend wrist splints for patients with carpal tunnel syndrome. In this case, the treating physician has not documented that the patient has a fracture or carpal tunnel syndrome only DJD of the wrists. The current request is not medically necessary.