

Case Number:	CM15-0108590		
Date Assigned:	06/15/2015	Date of Injury:	03/16/2001
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 3/16/01. The injured worker was diagnosed as having bilateral upper extremity complex regional pain syndrome, bilateral lower extremity complex regional pain syndrome, spinal cord stimulator placement, DeQuervain's tenosynovitis, lateral epicondylitis, multiple caries secondary to chronic opiate use, medication induced gastritis and chronic cervicogenic headaches becoming migrainous. Treatment to date has included oral medications including Norco and OxyContin, topical medications including Flector patches, medical marijuana, Botox injections, aqua therapy and spinal cord stimulator. Currently, the injured worker complains of headaches which turn into migraines. She notes benefit from aqua therapy. Physical exam noted she is in an electric wheelchair, high frequency tremors of right leg and hypersensitivity in entire upper extremities is noted. The treatment plan included refilling of medications, home health aide services, aqua therapy and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy BUE 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant had completed an unknown amount of aqua therapy in the past. The amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.

Labs CMP and CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.cigna.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and NSAIDs Page(s): 82-92, 67.

Decision rationale: According to the guidelines, monitoring of liver function and renal function may be necessary for those at risk and on NSAIDs and opioids. In this case, the claimant had stopped NSAIDs due to GI risks. Prior labs a year ago were unremarkable. The claimant is borderline diabetic but there labs requested were not pertaining to diabetes. The request for the labs above is not medically necessary.