

<b>Case Number:</b>	CM15-0130507		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	12/30/2004
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 58 year old female with an industrial injury dated 12/30/2004. The injured worker's diagnoses include cervical radiculitis, lumbar disc displacement, lumbar radiculopathy, right rotator cuff tear, status post surgery of left shoulder, left carpal tunnel syndrome, left knee pain and status post surgery of left knee. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/18/2015, the injured worker reported cervical spine pain, lumbar spine pain, right shoulder pain, left wrist numbness and left hand pain. The injured worker also reported viscosupplementation to the left knee with a lot of relief since last injections. Lumbar spine exam revealed atrophy of the left buttocks, decreased and painful range of motion, tenderness to palpitation, muscle spasm, positive straight leg raises, positive Kemp's test and positive Valsalva test. Left wrist exam revealed thenar atrophy, tenderness to palpitation of the thenar and volar wrist, positive Tinel's, positive Phalen's, positive Durkan's and positive Flick sign on the left. Left knee exam revealed VMO atrophy, decreased painful range of motion and tenderness to palpitation of the anterior knee and medial joint line. The treating physician prescribed services for carpal tunnel release left wrist, three-month gym membership for left knee, and aqua therapy for lumbar spine at gym with pool 5 times per week for 4 weeks, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal tunnel release left wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The injured worker is a 58-year-old female with a date of injury of 12/30/2004. Progress notes dated 7/24/2015 indicate complaints of sharp severe throbbing neck pain radiating to right arm with tingling, weakness, cramping and muscle spasms, constant low back pain with radiation to both lower extremities, worse on the left, right shoulder pain, left shoulder pain, left wrist pain and burning pain in the left thumb. The documentation indicates a new EMG and nerve conduction study from July 2015 shows worsening of median nerve compression compared to 2005. There is associated thenar atrophy and weakness of pinch and thumb abduction. In addition, there is tenderness to palpation over the thenar and volar wrist, positive Tinel's, positive Phalen's, positive Durkan's and positive Flick sign on the left. The impression was cervical radiculitis, lumbar disc displacement, lumbar radiculopathy, right rotator cuff tear, status post surgery, left shoulder, left carpal tunnel syndrome, left knee pain and status post surgery, left knee. Authorization is requested for a left carpal tunnel release. California MTUS guidelines indicate surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. Patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery and those with mild carpal tunnel syndrome. In this case there has been progression of carpal tunnel syndrome documented. The provider indicates that 3 EMG and nerve conduction studies have been performed with evidence of progressive carpal tunnel syndrome. Although the actual study is not submitted, the documentation of the results in the progress notes along with the history and physical examination findings is sufficient to warrant surgical considerations. As such, the medical necessity of the request for a left carpal tunnel release is established; the request is medically necessary.

**Associated surgical service: 3 month gym membership for left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Gym membership.

**Decision rationale:** ODG guidelines do not recommend gym memberships as a medical prescription unless home exercise program has not been effective and there is need for equipment. Plus, treatment needs to be monitored and administered by medical professionals and therefore unmonitored treatment in a gym is not covered. As such, the request for gym membership is not supported and the request is not medically necessary.

**Associated surgical service: aqua therapy for lumbar spine at gym with pool 5 times per week for 4 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 Page(s): 22.

**Decision rationale:** With respect to the request for aquatic therapy, California MTUS chronic pain guidelines indicate aquatic therapy is recommended as an option as an alternative to land-based physical therapy where reduced weight bearing is desirable, for example in extreme obesity. In this case, there is no documentation of obesity. As such, the request is not medically necessary.