

Case Number:	CM15-0164978		
Date Assigned:	09/02/2015	Date of Injury:	09/21/2000
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female, who sustained an industrial injury on 9-21-2000. The mechanism of injury was not described. The injured worker was diagnosed as having myalgia and myositis, not otherwise specified. Surgical history included right carpal tunnel and trigger finger releases in 8-2014, left carpal tunnel release in 5-2015, T10-11 discectomy (date unspecified), left shoulder surgery (date unspecified), and bilateral knee surgery (date unspecified). Systemic illnesses included hypertension and diabetes. Treatment to date has included diagnostics, work modifications, physiotherapy, bracing, medications, lumbar trigger point injections, and home exercise. Currently (7-08-2015), the injured worker reports slight improvement since her last visit after left carpal tunnel release on 5-11-2015. She had left wrist-hand pain, rated 2-3 out of 10, with tingling, weakness, and stiffness in the left small, ring and mid fingers. Right hand-wrist-finger pain was rated 2 out of 10. She remained off work. Body mass index was not noted. A previous progress report (5-08-2015) noted height at five feet and weight at 165 pounds. The current treatment plan included 6 aquatic therapy sessions, rationale not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) aquatic therapy sessions: Overturned

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 Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in September 2000 and underwent an endoscopic left carpal tunnel release on 05/11/15. She had undergone a right carpal tunnel release and fourth and fifth trigger finger release in August 2014. Her history includes a T10-11 discectomy. Her BMI is over 32. When seen, she had recovered from her recent surgery. She was having a flare of back pain and fibromyalgia symptoms. Physical examination findings included a slow and guarded gait. There was thoracic tenderness. A trigger point injection was performed. Aquatic therapy was requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and has a history of a thoracic discectomy. A trial of pool therapy would be appropriate. If there was benefit, transition to an independent pool program would be expected. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and there is no evidence of recent physical therapy for the claimant's chronic back pain. The request is medically necessary.