

Case Number:	CM15-0200966		
Date Assigned:	10/16/2015	Date of Injury:	08/23/1996
Decision Date:	11/24/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/13/2015

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 58 year old female with a date of injury on 08-23-1996. The injured worker is undergoing treatment for lumbar back pain secondary to Grade 1 spondylolisthesis L5 on S1, cervical spine sprain-strain with radiculitis to both upper extremities secondary to degenerative disc disease, left shoulder sprain-strain, left ankle sprain-strain, left knee degenerative joint disease and obesity with post injury weight gain. A physician progress note dated 09-17-2015 documents the injured worker complains of lumbar spine pain rated 5.5 out of 10 and it is a constant ache. Pain increases with movement and activity. She complains of stiffness, and she gets tiny shocks in her legs. Pain is decreased with wearing a brace, cold packs exercises (water aerobics), good shoes and she is taking Ibuprofen. On examination there are spasms in her back and her lumbar spine is tender to palpation. She has an antalgic gait. In a note dated 05-30-2015 aqua therapy was requested. No notes present regarding aqua therapy. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included diagnostic studies, medications, and lumbar epidural steroid injection-which did not help. An unofficial Electromyography and Nerve Conduction Velocity study done on 08-04-2014 revealed median neuropathy at both wrists consistent with mild bilateral carpal tunnel syndrome. Current medications were not documented, except for the Ibuprofen. The Request for Authorization includes Aqua therapy lumbar spine quantity 6 customized wrist brace, DME purchase LSO back brace, and Motrin 800mg #120. On 10-13-2015 Utilization Review non-certified the request for Aqua therapy lumbar spine quantity 6, and Customized wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy lumbar spine quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1996 occurring while lifting a large box. Electrodiagnostic testing in August 2014 showed findings of bilateral carpal tunnel syndrome. In April 2015, she had failed physical therapy treatments including a home exercise program and aquatic therapy was requested. In June starting aquatic therapy was now pending. When seen, she had constant lumbosacral pain rated at 5.5/10. Her pain was increased with movements, activities, and activities of daily living. It was decreased when wearing a lumbar brace, with use of cold packs, wearing good shoes, ibuprofen, and with water aerobic exercises. She had undergone a lumbar epidural injection, which had not helped. Physical examination findings included lumbar tenderness with spasms. There was an antalgic gait. The claimant's body mass index is over 38. Diagnoses included bilateral thumb carpometacarpal osteoarthritis. Authorization for six sessions of aquatic therapy and a custom wrist brace was requested. 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 appears to have already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.

Customized wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Carpal Tunnel Syndrome (Acute & Chronic) Brace (2) Forearm, Wrist, & Hand (Acute & Chronic), Splints.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1996 occurring while lifting a large box. Electrodiagnostic testing in August 2014 showed findings of bilateral carpal tunnel syndrome. In April 2015 she had failed physical therapy treatments including a home exercise program and aquatic therapy was requested. In June

starting aquatic therapy was now pending. When seen, she had constant lumbosacral pain rated at 5.5/10. Her pain was increased with movements and activities and activities of daily living. It was decreased when wearing a lumbar brace, with use of cold packs, wearing good shoes, ibuprofen, and with water aerobic exercises. She had undergone a lumbar epidural injection, which had not helped. Physical examination findings included lumbar tenderness with spasms. There was an antalgic gait. The claimant's body mass index is over 38. Diagnoses included bilateral thumb carpometacarpal osteoarthritis. Authorization for six sessions of aquatic therapy and a custom wrist brace was requested. A wrist splint can be recommended for treating arthritis or in the treatment of carpal tunnel syndrome. The claimant has both of these diagnoses. However, the type of splint being requested was not specified and no physical examination of the wrist or hand was recorded. There is no explanation as to why a custom wrist brace would be needed. The request cannot be accepted as being medically necessary.