

Case Number:	CM15-0020208		
Date Assigned:	03/18/2015	Date of Injury:	06/07/2014
Decision Date:	04/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 was a 39 year old female, who sustained an industrial injury, June 7, 2014. According to progress note of January 6, 2015, the injured workers chief complaint was right upper extremity, right foot and right knee pain. The injured worker described the right wrist pain as severe throbbing and weakness that radiated to the right elbow and mid arm with numbness, tingling, weakness and cramping. The injured worker also complained of severe sharp, throbbing right knee pain and weakness radiating to right foot, aggravated by the prolonged walking. The injured worker was complaining also of loss of sleep due to pain. Other associated complaints were depression, anxiety and irritability. The physical exam noted dermatome sensation was decreased over the right hand. The right upper extremity motor strength was decreased due to pain. The right wrist range of motion was painful. There was tenderness with palpation of the volar wrist, lateral wrist and thenar. Tinel's test caused radiating pain. Finklestein's test caused pain. The right knee range of motion was painful and there was 3 plus tenderness to palpation of the anterior knee, posterior knee, medial knee and lateral knee. The anterior drawer, posterior drawer, Valgus and Varus caused pain. The injured worker was diagnosed with right De Quervain's disease, right triangular fibrocartilage tear, right carpal tunnel syndrome, right knee sprain/strain, rule out right knee internal derangement, right wrist contusion, loss of sleep and psychological component. The injured worker previously received the following treatments FCE (functional capacity Evaluation) of the right wrist and knee, right wrist and right knee supports, laboratory studies, imaging, EMG/NCV (electromyography/nerve conduction velocity studies) of the upper extremities, MRI of the right elbow, MRI right wrist and physical therapy. The

treatment plan included chiropractic kinetic activities aqua therapy for right knee 2 times a week for 3 weeks for a total of 6 visits, follow-up visit with psychologist and follow-up visit with aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic kinetic activities aqua therapy for the right knee, 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 94, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: According to MTUS guidelines, 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains.” (Tomas-Carus, 2007) There is no clear evidence that the patient is obese or have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no clear objective documentation for the need of aquatic therapy. Therefore the request for Chiropractic kinetic activities aqua therapy for the right knee, 2-3 times a week for 6 weeks is not medically necessary.

Follow up visit with a psychologist: 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 Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: “Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls

outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks.” (Mayer 2003) Although the patient's assessment indicated that she was suffering from depression and anxiety, it seems that there is no need for psychological evaluation at this time. The patient previously underwent several psychological sessions without clear documentation of efficacy. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for a referral to psychologist. Therefore, the request for Psychologist Evaluation is not medically necessary.

Follow up visits for aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 94, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: “Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks.” (Mayer 2003) The follow-up visit for aquatic therapy won't be necessary since the aqua therapy is not medically necessary.