MAXIMUS Federal Services

Case Number:	CM15-0045862		
Date Assigned:	03/18/2015	Date of Injury:	07/05/2013
Decision Date:	04/24/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/10/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 57 year old female, who sustained an industrial injury on 7/05/2013, while employed as a housekeeper. She reported weakness of her right hand with swelling of her fingers, left hand pain, right foot plantar pain, low back pain, neck pain, and bilateral shoulder pain, due to continuous trauma. The injured worker was diagnosed as having cervical/thoracic/ lumbar spine strain/sprain, bilateral trigger fingers, bilateral wrist sprains, and bilateral heel pain. Treatment to date has included conservative measures, including diagnostics and medications. Currently, the injured worker complains of constant and severe low back pain, with radiation toward the upper back and left leg. Physical exam noted tenderness with muscle spasms to the cervical, thoracic, and lumbar spines. Her right hand was tender over the ring finger, which triggered. Her right wrist was volarly and dorsally tender. Current medications included Ultracet and Motrin. The treatment plan included acupuncture, physical therapy, pool therapy, and orthopedist consultation. Magnetic resonance imaging of the bilateral feet, dated 10/02/2014, noted narrowing of the first metatarsophalangeal joint, with small marginal osteophytes. Magnetic resonance imaging of the left wrist, dated 9/05/2014, noted subtle tear in the triangular fibro cartilage complex. Magnetic resonance imaging of the right wrist, dated 9/05/2014, noted possible carpal tunnel syndrome and possible intraosseous ganglion cysts. Magnetic resonance imaging of the bilateral hands, dated 9/05/2014, were unremarkable. Magnetic resonance imaging of the right elbow, dated 9/04/2014, noted partial thickness tear of the common extensor tendon ligament and radiohumeral joint effusion. Magnetic resonance imaging of the left elbow, dated 9/04/2014, noted radiohumeral joint effusion and possible

subchondral cyst. Magnetic resonance imaging of the right shoulder, dated 9/04/2014, noted osteoarthritis, partial articular tear of the supraspinatus, tendinosis, subacromial/subdeltoid bursitis, and effusion. Magnetic resonance imaging of the left shoulder, dated 9/04/2014, noted osteoarthritis, tendinosis, effusion, partial and full thickness tears and labral tear. Magnetic resonance imaging of the cervical spine, dated 9/04/2014, noted disc desiccation C2-3 to C7-T1, partial fusion of the C7 and T1 vertebral bodies, hemangioma at C6, and C4-5 central disc herniation. Prior physical therapy was requested but it is not noted if the injured worker attended any sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrists heels pool therapy 2xwk x 4wks cervical, thoracic, lumbar, bilateral fingers: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Aquatic therapy Page(s): 22, 99.

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

Decision rationale: According to the California MTUS guidelines aquatic therapy is recommended as an optional form of exercise which can minimize the effects of gravity where reduced weight bearing is desirable. It is unclear how the injured employee can potentially benefit from aquatic therapy for the wrists, fingers, and cervical spine where reduced weight bearing is not practical or possible. This request for pool therapy is not medically necessary.