

<b>Case Number:</b>	CM15-0085477		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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

Certification(s)/Specialty: Emergency 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:

This 33 year old female sustained an industrial injury on 11/29/09. She subsequently reported multiple areas of orthopedic pain from cumulative trauma. Diagnoses include bilateral wrist tendonitis and right elbow strain /sprain. Treatments to date include x-ray and MRI testing, modified work duty, acupuncture and prescription pain medications. The injured worker continues to experience bilateral wrist pain, right greater than left. Upon examination, motor strength of 5/5 was noted, tenderness right side greater than left noted and Tinel's sign was positive. A request for LSO brace, 12 sessions of aquatic therapy and a gym membership with pool for 1 year was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As per ACOEM Guidelines, lumbar supports such as LSO brace has no lasting benefits beyond acute phase for symptom relief or instability. Patient's pain is chronic. There is no rationale as to why a brace is needed for chronic back pain LSO (Lumbar sacral orthosis) brace is not medically necessary.

**12 sessions of aquatic therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient reportedly has antalgic gait and walks with a cane therefore Aqua therapy may be beneficial. However, guidelines recommend up to a maximum of 10 sessions for patient's diagnosis. Requested sessions exceed guideline recommended. 12 sessions of aqua therapy is not medically necessary.

**Gym membership with pool for 1 year:** 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) Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic, Gym memberships.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Gym memberships are not recommended. They are not supervised, and not being assessed by medical professionals and therefore are not considered medical treatment with no appropriate documentation or information returning to provider. Some supervised aqua therapy was approved by utilization review. While continued pool exercise and basic exercise is recommended, Pool and Gym membership is not medically necessary.