

Case Number:	CM14-0097033		
Date Assigned:	07/28/2014	Date of Injury:	01/15/2013
Decision Date:	10/01/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/25/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35 year old male who was reportedly injured on 01/15/2013. Mechanism of injury is not documented. The injured worker has complaints of right small finger and low back pain. Diagnoses are listed as 5th digit laceration and lumbar spine sprain/strain. The last progress report dated 04/03/2014 indicates a 3 degree extensor lag of the right small finger and full flexion. The injured worker complained of right 5th digit numbness and swelling. Lumbar pain was 8/10. The injured worker was placed off work. A request was made for Aquatic Therapy 2x6 weeks for the right hand/5th finger and was not certified in the pre-authorization process on 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x6 weeks for the right hand/fifth finger: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22 and 99.

Decision rationale: There is a request for Aquatic Therapy 2x6 weeks for the right hand/fifth finger. The District Workers Compensation Form IMR list the Primary Diagnosis as ICD

719.44- Pain in the joint involving the Hand. The claimant has suffered laceration to the 5th finger and office note of 4/13/14 documents that the claimant has 3 degrees of extension lag but has full flexion. The documentation does not state how aquatic therapy will address this residual impairment of 3 degree extension lag. The request is for Aquatic therapy and is not medically necessary for the treatment of the 5th finger injury now over 5 months from the date of injury.