

Case Number:	CM14-0155147		
Date Assigned:	09/25/2014	Date of Injury:	05/01/2011
Decision Date:	02/25/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 55 year old female who sustained a "continuous trauma injury" dated 05/01/2010-05/01/2011. She reported developing pain in her shoulders, elbows, wrists, hands and low back while working as a computer programmer. Initially she was required to repetitively type and trouble shoot software. Later her job duties changed and she was required to perform repairs on computer hardware, repetitively lift and carry computer monitors, towers and printers. She began to notice pain in her feet and swelling in her legs. She was seen by her primary doctor who provided work restrictions. Her employer provided an electric scooter which helped limit walking however she continued to lift and carry computer monitors and towers. The IW continued to work but noted pain in her bilateral thumbs (2011) due to constantly pressing on the switches that operated her electric scooter. She was evaluated on 07/11/2011 and received physical therapy for the upper extremities with temporary relief. She was referred to an orthopedist where she received cortisone injections to both thumbs which temporarily relieved her pain symptoms. On 05/29/2014 she had right thumb CMC joint arthroplasty surgery with 50 % improvement. She received occupational therapy post-operative. Prior treatment included chiropractic visits, physical therapy, carpometacarpal joint arthroplasty, occupational therapy, weight loss program and steroid injection to the thumbs and left elbow lateral epicondyle region. Medical history includes colon rupture, diabetes (insulin dependent), arthritis and varicose veins. On 08/22/2014 the IW presented for follow up. She had returned to modified work on 08/21/2014 and stated it increased her left elbow and low back pain significantly. She states she

could not sleep due to increased pain despite taking her analgesic medication. Diagnosis included- Left elbow lateral and medial epicondylitis- Bilateral carpal tunnel syndrome- Possible left cubital tunnel syndrome- Status post right thumb CMC joint arthroplasty- Left CMC joint arthrosis- Lumbosacral strain/arthrosis/discopathy- Bilateral acquired flat feet with degenerative arthrosis Physical exam of bilateral upper extremities revealed positive handshake test on the left with pain medially and laterally. There was tenderness in the lateral epicondyle region with increased pain while performing left wrist extension against resistance. Examination of the bilateral hands and wrist revealed positive Tinel sign and positive Phalen's maneuver, bilaterally. Evaluation of the lumbar spine revealed palpable tenderness in the midline lumbar 3 - sacral 1 region. There was tenderness in the bilateral paraspinal muscle. The IW received Kenalog injection to the left elbow lateral epicondyle region. The provider noted the IW could not perform her regular or modified work at that time. The provider requested aqua therapy twice a week for six weeks to lower back. On 09/03/2014 utilization review (UR) non-certified the request stating the history and documentation do not objectively support the request for a course of aquatic therapy at this time. The claimant has been doing home exercises and the anticipated benefit to the claimant of aquatic therapy is unclear. There is no evidence that she is unable to continue her rehab with a land based exercise program. The specific indication for this treatment is unclear and none can be ascertained from the records. The medical necessity of this request has not been clearly demonstrated. Cited guidelines were CA MTUS 2009 9792.24.2 Chronic Pain Medical Treatment Guidelines, page 22, Aquatic Therapy. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy twice (2) per week for six (6) weeks to the Lower Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Aqua Therapy MD Guidelines, Aquatic Therapy

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that "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. MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Official Disability Guidelines states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or

number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The patient is successful with a land based home exercise program. The treating physician has provided a medical rationale as to why aqua therapy is needed at this time, and has not provided documentation to meet the above guidelines. Therefore, this request is not medically necessary.