

<b>Case Number:</b>	CM14-0215275		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65-year-old female who reported an injury on 04/12/2002. Prior therapies included physical therapy. The surgical history included a left knee replacement. There was a Request for Authorization submitted for review. The documentation of 10/02/2014 was hand written and difficult to read. However, the legible information indicated that the injured worker had bilateral knee and low back pain. The injured worker indicated that injections had previously helped the symptoms in the injured worker's right thigh. The treatment requested included aquatic therapy to the left knee, lumbar injections, and electrodiagnostic studies as well as and per the Request for Authorization, aquatic therapy for the knee and a right trigger thumb injection with ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2 Times A Week for 4 Weeks for The Left Knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy for up to 10 visits for radiculitis, myositis, and myalgia when there is documentation the injured worker has a necessity for reduced weight bearing. The clinical documentation submitted for review failed to provide legible documentation to support the necessity. There was a lack of documented rationale for the request. Additionally, the injured worker's response to prior therapy was not provided. Given the above, the request for aquatic therapy 2 times a week x4 weeks for the left knee is not medically necessary.

**Right Trigger Thumb Injection with U/S Guidance:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Ultrasound, diagnostic.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that an injection of lidocaine and steroids is appropriate for trigger finger. They do not, however, address ultrasound guidance. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that ultrasound guidance improves the accuracy of a joint injection. The use of ultrasound was not noted to improve the short term outcome of the joint injection. There was a lack of documented rationale for the use of ultrasound guidance. There was a lack of documentation of objective findings to support the injured worker had triggering. Given the above, the request for right trigger thumb injection with ultrasound guidance is not medically necessary. Additionally, the request as submitted failed to indicate the medication to be used for the injection.