

Case Number:	CM13-0002091		
Date Assigned:	12/27/2013	Date of Injury:	11/17/2006
Decision Date:	02/25/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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:

This 65 year old female sustained an injury on 11/17/06 while employed by the [REDACTED]. Request under consideration include Aquatic Therapy, daily at a gym or [REDACTED]. Diagnoses include s/p right carpal tunnel syndrome and ulnar nerve release; moderate CTS bilaterally; right trigger fingers of 2nd to 4th digits; and CRPS type 1 of right hand/wrist. Report of 10/18/12 noted patient with reports of pain and numbness in both hand, but is well controlled and is able to work full time. Exam indicates healed surgical scars over right wrist and elbow; trigger fingers of 2nd-4th digits on right hand; decreased grip strength in left hand; sensation decreased in all digits of right hand; TTP at base of right thumb; right forearm with hypersensitive to touch. Treatment included Cyclobenzaprine, Naproxen, Topiramate, home stretching and swimming pool exercises and deep breathing exercises. EMG/NCV of 4/18/13 showed mild chronic denervation due to bilateral CTS; no evidence of cervical radiculopathy; and e/o moderate bilateral CTS. Report of 5/30/13 again had unchanged symptoms of pain and numbness in hands and wrists with unchanged exam findings and diagnoses. Plan was for aquatic exercises to be performed at a gym or [REDACTED] close to patient's residence. Request was non-certified on 7/12/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, daily at a gym or [REDACTED] 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 Exercise Page(s): s 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back -Lumbar & Thoraic(Acute & Chronic)

Decision rationale: This 65 year old female sustained an injury on 11/17/06 while employed by the [REDACTED]. Reports of 10/18/12 and 5/30/13 noted patient with reports of pain and numbness in both hands and wrists. Exams are unchanged with TTP, triggering digits on right and decreased grip strength and sensation of whole hand. Diagnoses include s/p right carpal tunnel syndrome and ulnar nerve release; moderate CTS bilaterally; right trigger fingers of 2nd to 4th digits; and CRPS type 1 of right hand/wrist. It can be expected that the patient been instructed in an independent home exercise program to supplement the formal physical therapy previously rendered and to continue with strengthening post discharge from PT for this chronic injury of 2006. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. He has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. The Aquatic Therapy, daily at a gym or [REDACTED] is not medically necessary and appropriate.