

Case Number:	CM13-0029067		
Date Assigned:	11/01/2013	Date of Injury:	07/21/2000
Decision Date:	04/17/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/24/2013

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 Family Medicine 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.

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 patient is a 61-year-old female who reported an injury on 07/21/2000. The mechanism of injury was not provided for review. The patient's extensive treatment history included surgical intervention, physical therapy, chiropractic care, acupuncture, and multiple medications. The patient's most recent clinical documentation noted that the patient had been authorized for a gym membership with pool access. Physical findings included heightened somatic focus, severe bilateral upper extremity weakness with loss of function due to frozen shoulder syndrome and allodynia in the ulnar nerve distribution bilaterally. The patient's diagnoses included bilateral frozen shoulder status post history of right shoulder cuff repair, upper extremity ulnar nerve entrapment neuropathy secondary to status post bilateral carpal tunnel release, right Guyon's release, right ulnar nerve transposition with revision, and left cubital tunnel release. The patient's diagnoses also included complex regional pain syndrome type 2 of the ulnar nerve distribution and bilateral thoracic outlet syndrome, right greater than left. The patient's treatment plan included 10 aquatic therapy sessions to alleviate upper extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy x 10 is not medically necessary and appropriate: 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 Page(s): 22.

Decision rationale: The requested aquatic therapy times 10 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends aquatic therapy when patients require a non-weightbearing environment to participate in active therapy. The clinical documentation submitted for review does not provide any evidence that the patient requires a non-weightbearing environment and is unable to participate in land-based physical therapy. However, as the patient has been approved according to the documentation for a gym membership with pool access, a short course of supervised aquatic therapy to establish an independent exercise program would be appropriate for this patient. However, the requested 10 visits would be considered excessive. As such, the requested aquatic therapy times 10 is not medically necessary or appropriate.