

Case Number:	CM13-0049121		
Date Assigned:	12/27/2013	Date of Injury:	02/13/2002
Decision Date:	04/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/07/2013

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 Family Practice, 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 patient is a 64-year-old female who reported an injury on 02/13/2002. The mechanism of injury was not provided in the medical records. The patient was diagnosed with status post left 1st dorsal compartment release. The patient's symptoms included pain with occasional sharp, shooting pain. Examination revealed with left ulnar wrist deviation, the left thumb tethers into extension. There was tenderness at the left 2nd extensor compartment. Past medical treatment included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY (POOL ACCESS) FOR THREE (3) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY, PHYSICAL THERAPY Page(s): 21, 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY/PHYSICAL MEDICINE Page(s): 22, 98-99.

Decision rationale: According to California MTUS Guidelines, aquatic therapy is an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. Guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis, and radiculitis is 8 to 10 visits. The documentation submitted for review

indicates the patient has completed 6 physical therapy sessions. In the absence of details regarding the previous physical therapy treatments such as measurable objective functional gains made throughout physical therapy sessions, the request is not supported. Additionally, as aquatic therapy is specifically recommended where reduced weight bearing is desirable, documentation of the necessity for aquatic therapy would be needed. The request as submitted fails to provide a frequency of the requested therapy. Given the above, the request for aquatic therapy (pool access) for 3 months is non-certified.