

Case Number:	CM13-0049694		
Date Assigned:	12/27/2013	Date of Injury:	04/14/2010
Decision Date:	02/26/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/08/2013

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, has a subspecialty in Interventional Spine, 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 patient is a 44-year-old female with date of injury of 4/14/10. Per reports dated 8/23/13 by [REDACTED] presenting symptoms are constant intractable pain at the left elbow, radiation into the left arm and up into the left shoulder, intermittent left hand pain, frequent numbness of the right elbow and right hand, painful movements of the left shoulder, and burning feeling on the left side of the neck. Diagnostic impressions were (1) Weakness and hypersensitivity to touch, pain and numbness in left elbow, most likely due to CRPS type 1, rule out worsening of entrapment of left ulnar nerve; (2) Status post release of bilateral carpal tunnel syndrome in 2012; (3) Status post left cubital tunnel release 2012, status post left ulnar nerve transposition 3/26/13; and (4) Sprain injury of left shoulder. The 9/24/13 report by [REDACTED] has patient expressing constant aching, shooting pain, numbness in the left arm and left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy twice a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient presents with symptoms that are primarily limited to the upper extremities. The diagnosis is bilateral carpal tunnel syndrome, and the patient has had carpal tunnel releases along with ulnar nerve transposition over last several years. The MTUS Guidelines state that this is an optional form of exercise therapy where available as an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, such as in the case of extreme obesity. For recommendations on the number of visits, physical medicine section should be used. Under physical medicine guidelines, for myalgia/myositis, and neuralgia/neuritis, up to 9-10 visits are recommended over eight weeks. This patient does not present with any weight issues or weight-bearing issues that would require aquatic therapy. The current request also exceeds what is recommended by MTUS Guidelines for these types of symptoms. Recommendation is for denial. The request is non-certified.