

Case Number:	CM13-0052663		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2013
Decision Date:	06/23/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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 38 year old woman who is requesting aquatic therapy for treatment of Carpal Tunnel Syndrome and DeQuervain's Tenosynovitis. She presented with a work-related injury that occurred over the time period of 1/7/2012 through 1/7/2013. The primary complaint has been painful movements of her right wrist as well as pain and numbness of her right hand. Her last appointment was on 12/6/2013 with [REDACTED]. The records document the ongoing problem with right wrist pain and right hand numbness. Physical examination was notable for "tenderness to the radial side of the right wrist." There was no evidence of a joint effusion. "Sensation to fine touch and pinprick was decreased" and "grip strength was decreased." Diagnostic studies were performed which included EMG/NCV. This was described as "normal." The diagnoses included the following: Pain and numbness in the Right Hand, most likely due to Carpal Tunnel Syndrome (with negative EMG/NCV study). Right DeQuervain's Tenosynovitis/Chronic Tenosynovitis of the Right Wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY EXERCISES ON A DAILY BASIS TO BE PERFORMED AT A GYM OR YMCA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specifically comment on the criteria for the use of Aquatic Therapy. The recommendations for aquatic therapy are based as an alternative to land based physical therapy, especially where the effects of gravity can be minimized and where reduced weight bearing is desirable. The value of aquatic therapy is noted for patients with fibromyalgia. Further, the California MTUS ACOEM Guidelines state that "except in cases of unstable fractures or acute dislocations, patients should be advised to do early range-of-motion exercises at home. Instruction in proper exercise technique is important, and a physical therapist can serve to educate the patient about an effective exercise program." As described in the patient's medical record, the patient does not have fibromyalgia and there is no rationale provided for the use of an aquatic therapy program. Aquatic therapy in this case is not medically necessary.