

Case Number:	CM13-0064380		
Date Assigned:	01/03/2014	Date of Injury:	05/14/2006
Decision Date:	05/16/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine & 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 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 50 year old female who was injured on 05/14/2006 and sustained injuries to her bilateral arms, shoulders, wrists, and hands. There were no diagnostic studies provided for review. A PR2 dated 11/05/2013 indicated the patient complained about pain located in the bilateral arms, shoulders, wrist, and hands. She had a dull aching and a sharp pain that was mild to moderate in nature. The patient reported the pain seemed to be on a constant basis and varied with activity. The pain was made worse by prolonged sitting and repetitive motion. It was improved with rest and ibuprofen. Her pain level was 2/10. She presented to the clinic to discuss with her doctor, adding fibromyalgia which was never added to the diagnosis, diffuse back pain, and hand and wrist pain. Objective findings on exam revealed normal lordotic curvature of the cervical spine. There was no tenderness to palpation of the paracervical muscles, right greater than left. There was no muscle spasm. She had full range of motion without pain, and Spurling's test was negative. The trapezius and thoracic back with diffuse tenderness. Neurological exam revealed biceps (C5-C6) reflex 2+ and equal; triceps (C6-7) reflex 2+ and equal; sensation was intact in both arms without dysesthesia and hand grasp strength was good and equal in the bilateral hands. The right shoulder was nontender to palpation. She had full range of motion with minimal pain. Apprehension test was negative; Hawkin's test was negative; Neer's test was negative; and Yergason's test was negative. On examination of the left wrist/right wrist, bruising is absent. There was no click present on wrist motion. Crepitus was not present; Finkelstein's test was negative. There was no ganglion cyst present. Movement of the wrist caused pain; Phalen's test was negative; range of motion was full. There were no scars or swelling present. There was no tenderness to palpation and Tinel's sign was negative. The patient was diagnosed with neuropathy of the median nerve, left wrist pain, and fibromyalgia. There was a request made for hydrotherapy, physical therapy, aquatic therapy and evaluation, treatment and exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY SIX (36) AQUATIC THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Aquatic therapy page 22 Page(s): 22.

Decision rationale: According to the MTUS Chronic Pain Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The medical records provided for review do not establish this patient is unable to participate in standard land-based activities. She does not require reduced weight-bearing. The patient is not a candidate for aquatic therapy. The medical necessity of aquatic therapy has not been established. The request is therefore not medically necessary and appropriate.