

Case Number:	CM13-0070737		
Date Assigned:	01/08/2014	Date of Injury:	07/02/2012
Decision Date:	06/25/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 injured worker is a 46 year old male with a reported date of injury on 07/02/2012. The mechanism of injury was not provided within the documentation provided for review. The injured worker complained of frequent neck, upper and lower back pain. The injured worker's pain was rated at 6/10. The EMG of the bilateral upper extremities dated 03/25/2013, revealed normal EMG studies of the cervical spine and upper extremities. The NCV study revealed left mild carpal tunnel syndrome and right moderate carpal tunnel syndrome. The injured worker's diagnoses included mild bilateral l5 radiculopathy and chronic myofascial pain syndrome, cervical and thoracolumbar spine. The injured worker's medication regimen included tramadol and cyclobenzaprine. The request for authorization for aquatic therapy two times per week for six weeks left hand was submitted on 12/20/2013. The rationale for the request was not provided in the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWO TIMES PER WEEK TIMES SIX WEEKS LEFT HAND:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.2 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY, 22, 99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to the CA MTUS guidelines aquatic therapy is recommended as an optional form of exercise therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The CA MTUS guidelines recommend 8-10 visits over 4 weeks. The request for 12 aquatic therapy visits exceeds the guideline recommendations. In addition, the clinical information provided for review lacks documentation of functional deficits to the injured worker's left hand. The recommendations state that aquatic therapy can minimize the effects of gravity, the rationale for the use of aqua therapy for the injured worker's left wrist is not indicated within the documentation. Therefore, the request for aquatic therapy two times per week times six weeks left hand is non-certified.