

Case Number:	CM14-0100155		
Date Assigned:	07/28/2014	Date of Injury:	01/27/2009
Decision Date:	09/03/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 37-year-old female with a 1/27/09 date of injury. The patient stated that her injury to her upper limbs was a result of continuous trauma at her occupation as a service representative. The pain began in the left upper limb with numbness and tingling radiating into the arm. According to a progress report dated 2/6/14, the patient complained of constant, throbbing, shooting, and burning pain. She had weakness of grip and difficulty with fine object manipulation. Her pain varied between 7-8/10 on a pain scale of 0-10. The pain caused spasm in the parascapular areas which radiated to the neck causing headaches. The pain also caused depression and insomnia, she stated that she rarely slept more than 2 hours. Objective findings: well healed carpal tunnel scars, normal cervical lordosis; increase in cervical paraspinal muscular tone with 1+ spasm in the mid to lower cervical levels; palpation revealed 2+ tenderness posteriorly in the paraspinal muscles from the occiput down to the mid cervical level on the left. Diagnostic impression: chronic pain affecting the upper limbs, chronic lateral and medial epicondylar pain, chronic myofascial parascapular and neck pain, depressed mood and insomnia aggravated by chronic pain. Treatment to date: medication management, activity modification, surgery, physical therapy, acupuncture. A UR decision dated 6/18/14 denied the requests for aquatic therapy and cognitive behavioral therapy with biofeedback. Regarding aquatic therapy, there is no indication that the patient had significant weakness of the lower extremities and instability to warrant aquatic therapy. In addition, there is no clear evidence that the patient has significant difficulty during ambulation. Moreover, there was no evidence that this patient was not able to perform land-based exercises to address pain and symptoms in the upper extremities and cervical spine. Regarding cognitive behavioral therapy, there is no clear indication if the patient has been evaluated by a psychologist to see if the patient exhibits

psychological/psychiatric symptoms. In addition, psychological complaints are not objectified, and severity and impact on function are not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. It is documented in the reports reviewed that the patient is undergoing physical therapy. However, there is no rationale provided regarding the lack of functional improvement from physical therapy or why the patient requires aquatic therapy. In addition, there was no information provided that this patient was unable to perform land-based exercises. Therefore, the request for Aquatic therapy x12 was not medically necessary.

Cognitive behavioral therapy with biofeedback x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404, Chronic Pain Treatment Guidelines 9792.23.8 STRESS RELATED CONDITIONS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS AND STRESS CHAPTER.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. It is documented in the reports reviewed that the patient is undergoing physical therapy. However, there is no rationale provided regarding the lack of functional improvement from physical therapy or why the patient requires aquatic therapy. In addition, there was no information provided that this patient was unable to perform land-based exercises. Therefore, the request for Aquatic therapy x12 was not medically necessary.