MAXIMUS Federal Services

Case Number:	CM14-0101318		
Date Assigned:	07/30/2014	Date of Injury:	10/23/2008
Decision Date:	10/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/01/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 38-year-old female with a reported date of injury on 10/23/2008. The mechanism of injury was noted to be cumulative trauma. Her diagnoses were noted to include status post right carpal tunnel release, status post stage bilateral carpal tunnel releases with residuals, and status post left carpal tunnel release. Her previous treatments were noted to include surgery and medications. The progress note dated 06/11/2014 revealed complaints of severe, sharp, shooting, bilateral wrist pain with numbness, tingling, and weakness. The physical examination of the left wrist noted decrease in painful ranges of motion (flexion 55/60 degrees, extension 55/60 degrees, radial deviation 15/20 degrees, and ulnar deviation 25/30 degrees). There was tenderness to palpation of the dorsal wrist, volar wrist, medial wrist, and lateral wrist. There was positive Tinel's and Phalen's. The physical examination of the right wrist revealed decreased in painful ranges of motion (flexion 55/60 degrees, extension 55/60 degrees, radial deviation 15/20 degrees, and ulnar deviation 25/30 degrees). There was tenderness to palpation of the dorsal wrist, volar wrist, medial wrist, and lateral wrist, with positive Tinel's and Phalen's. The provider indicated the injured worker was doing aqua fitness classes on her own 2 to 3 times per week and home exercises. The Request for Authorization form was not submitted within the medical records. The request was for Aqua Therapy 2-3 week X 12 weeks Bilateral Wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2-3 week for 12 weeks Bilateral Wrists: Upheld

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

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

Decision rationale: The request for Aqua Therapy 2-3 week X 12 weeks Bilateral Wrists is not medically necessary. The injured worker has been participating in aquatic therapy on her own. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical 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 guidelines recommend for neuralgia, neuritis, and radiculitis 8 to 10 visits over 4 weeks. The guidelines recommend aquatic therapy for reduced weight bearing and there is a lack of documentation regarding the necessity for reduced weight bearing to the wrists. Additionally, the request for 24 to 36 sessions of aquatic therapy exceeds guideline recommendations. As such, the request is not medically necessary.