

Case Number:	CM14-0102677		
Date Assigned:	07/30/2014	Date of Injury:	06/28/2013
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of June 28, 2013. A Utilization Review was performed on June 13, 2014 and recommended non-certification of aquatic pool therapy for bilateral upper extremities. A progress report dated May 13, 2014 identifies subjective complaints of bilateral wrist and hand pain radiating into the neck and shoulders. Pain is reported as constant, moderate to severe and 5-6/10 on the pain scale. Objective findings identify slight edema of both hands, locking of the index fingers bilaterally, non-specific tenderness over both wrists and thumbs, +2 tender A1 pulley of the index fingers bilaterally, decreased range of motion, and motor strength bilaterally. Diagnoses identify bilateral hand metacarpophalangeal (MCP) joint osteoarthritis and bilateral hand synovial cyst. Treatment plan identifies continue aquatic pool therapy (3x6) for the right and left wrist and fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue aquatic pool therapy (3x6) for the right and left wrist and fingers.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, 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 (Effective July 18, 2009)

Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Chronic Pain Treatment Guidelines state that aquatic therapy is specifically recommended when reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, it is unclear how many therapy sessions the patient has already undergone. There is no clarification as to why reduced weight bearing is needed in this patient. Additionally, there is no documentation of any objective functional improvement or other benefit from the provided physical therapy sessions. Furthermore, no specific objective treatment goals have been identified for the currently requested therapy. Finally, the requested number of sessions (18) exceeds guidelines. In the absence of clarity regarding those issues, the currently requested aquatic pool therapy for the bilateral upper extremities is not medically necessary.