

<b>Case Number:</b>	CM14-0019726		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	03/12/2007
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Orthopedic Surgery 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 55 year old female with reported injury dated March 12, 2007. The diagnosis is noted as displacement of a cervical disc without myelopathy (722.0). A previous request for pool therapy to address the right wrist was not certified. The records reflect that as many as 60 sessions of physical therapy had already been completed. There is no indication warranting pool therapy relative to a wrist injury, as opposed to land-based therapy. There is a notation that there was a postoperative myelopathy and the purpose of the therapy was to maintain the current physical status. The supplemental report dated January 10, 2014 noted ongoing complaints of left upper extremity pain, numbness and stiffness. The note further indicates the neck is improving. Additional aquatic therapy was suggested. The June 13, 2013 operative note indicates the re-exploration of the cervical fusion, hardware removal and osteophyte excision. There is a hand surgery consultation date December of 2013 noting a bilateral carpal tunnel syndrome, status post left carpal tunnel release, status post left trigger finger release. This request is for pool therapy to the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POOL THERAPY VISITS, 3 TIMES A WEEK FOR 8 WEEKS, FOR THE RIGHT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The request is for aquatic therapy to address a wrist issue (carpal tunnel syndrome). Aquatic therapy is indicated when land-based modalities are not appropriate. As this is a wrist injury, there is no clinical indication for aquatic therapy. Furthermore, relative to the cervical spine, there is no indication that additional therapy beyond the 60 sessions already completed would be warranted or that any additional home-based exercises cannot be accomplished with a land-based protocol. Therefore, based on the clinical information presented for review, there is no clinical indication for aquatic therapy to address this wrist injury. The request is not medically necessary and appropriate.