

Case Number:	CM14-0137177		
Date Assigned:	09/05/2014	Date of Injury:	09/27/2000
Decision Date:	10/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 34-year-old female who reported an injury on 09/27/2000. The mechanism of injury was not provided. On 03/05/2014, the injured worker's diagnoses were status post Nirschl procedures, bilateral upper extremities; status post debridement of the flexor pronator origin, left upper extremity; status post left ulnar release; bilateral de Quervain's syndrome; status post left de Quervain's release and carpal tunnel release; unstable intervertebral motor units, C3-4 and C4-5; right C5-6 facet syndrome; and complex regional pain syndrome in the bilateral upper extremities. There was limited range of motion to the cervical spine. There was limited range of motion to the shoulders due to mild macular rashes on the proximal arms. Range of motion of the right shoulder was 170 degrees of flexion, 40 degrees of extension, 40 degrees of adduction, 130 degrees of abduction, 55 degrees of internal rotation, and 70 degrees of external rotation. The provider recommended 6 pool physical therapy sessions to the right upper extremity; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) pool physical therapy session for the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 127.

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

Decision rationale: The request for 6 pool physical therapy sessions to the right upper extremity is not medically necessary. The California MTUS recommend aquatic therapy as an optional form of exercise therapy. It is specifically recommended where reduced weightbearing is desirable, for example extreme obesity. The Guidelines recommend 10 visits of aquatic therapy over 4 weeks. There is a lack of documentation that the injured worker is recommended for reduced weightbearing exercise. Additionally, the amount of previous aquatic therapy visits the injured worker underwent was not provided. The provider's request does not indicate the frequency of the aquatic therapy sessions in the request as submitted. As such, medical necessity has not been established.