

<b>Case Number:</b>	CM14-0168814		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 33-year old who sustained an industrial injury on 02/09/12 when he experienced a popping sensation while carrying a wooden surface. The EMG and NCV of bilateral upper extremities show bilateral carpal tunnel syndrome. MRI of the right wrist showed carpal tunnel syndrome, avascular necrosis along the proximal pole of the scaphoid, subchondral cyst formation and 3mm negative ulnar variance without evidence of Kienbock's disease and joint effusion. An MRI of the right shoulder in May 2014 showed small full thickness tear of the anterior fibers of the distal supraspinatus tendon. The history was significant for surgery to right biceps tendon on April 24, 2013. The physical therapy note from 03/13/14 was reviewed. He had a total of 6 visits for the right shoulder and the lumbar spine. He was discharged from physical therapy as he had attained maximum benefit from physical therapy. The clinical note from 08/13/14 was reviewed. Subjective complaints included activity dependent mild achy, sharp neck pain, associated with repetitive movement, looking up and down. He also had severe achy, sharp, upper/mid back pain, aggravated by bending, pushing and pulling. He also had activity dependent low back pain radiating to SI joints worse with lifting, standing, sitting, walking, bending, twisting and various other activities. He also had severe achy, sharp pain in right shoulder, right wrist and right biceps. Pertinent objective findings included decreased range of motion of neck, thoracic spine, lumbar spine, right shoulder, right wrist and healed scar over right anterior arm, elbow and forearm with tenderness over the right lateral epicondyle. MRI of right elbow revealed right lateral epicondylitis. Diagnoses included residual right arm after distal biceps tendon rupture, surgically repaired, right wrist pain and mechanical symptoms, right shoulder pain, bursitis, impingement, lower cervical and upper thoracic strain, right elbow lateral epicondylitis, right shoulder rotator cuff tear, supraspinatus. The plan of care included home exercise program, aquatic therapy treatments, Ibuprofen 800mg, Prilosec, MRI of lumbar spine

and urine analysis. He was not working. The request was for aquatic therapy two times a week for 6 weeks to right arm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic Therapy 2xWkx6Wks Right Arm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22,98-99.

**Decision rationale:** The employee was being treated for right arm biceps tendon tear status post repair, right wrist pain due to carpal tunnel syndrome, right elbow lateral epicondylitis and right shoulder rotator cuff tear. The history was significant for surgery to right biceps tendon in April 2013. There was only one physical therapy note from 03/13/14 that indicated that he had finished 6 visits for right shoulder and the lumbar spine. He was noted to still have ongoing pain with maximum benefit. Other treatments have included Chiropractic therapy, aquatic therapy and acupuncture. The current request is for 12 visits of aquatic therapy to right arm. The MTUS, Chronic Pain Medical Treatment guidelines, indicate that aquatic therapy is recommended as an option form of exercise therapy, where available, as an alternative to land-based physical therapy, when reduced weight bearing is desired. The guidelines also recommend for fading of treatment frequency plus active self-directed home physical therapy. The medical records reviewed do not outline the need for reduced weight bearing, the need for continuing therapy despite the note that is stating that he had reached maximum benefit from therapy. The plan of care from the previous progress notes recommended aquatic therapy. It is not clear if the employee was already receiving aquatic therapy. There is also an absence of documentation of subjective and objective improvement with either aquatic therapy or land based therapy. The request for 12 aquatic therapy visits is not medically necessary or appropriate.