

<b>Case Number:</b>	CM14-0038667		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Emergency Medicine, 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:

Patient with reported date of injury on 10/3/2012. No mechanism of injury was provided. Patient has a diagnosis of bilateral carpal tunnel syndrome and L wrist injury. Pt is post L carpal tunnel release surgery, arthroscopy with synovectomy, TFCC debriedment and ulnar shortening on L wrist on 1/10/14. Medical records reviewed. Last report available until 5/13/14. Pt complains of L wrist pain. Also has R wrist pain. Objective exam reveals full range of motion, minimal tenderness on exam, decreased grip strength in L hand compared to R side. Pre-surgical EMG/NCV and Imaging is not relevant to this review. Patient has completed several sessions of physical therapy but continues to complain of wrist weakness and pain. No medication list was provided. Pt appears to be on Ultram and flexeril. Independent Medical Review is for 12sessions of Aquatic Therapy. Prior UR on 3/6/14 recommended non-certification of aquatic therapy and modified prescription of Ultram and flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of aquatic therapy exercises:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medication treatment guidelines Page(s): 22.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, Aquatic Therapy may be recommended as an optional form of exercise and/or physical therapy where patient is not able to tolerate land based therapy. There is no documentation as why someone with a wrist problem and pains require or need aquatic therapy or why the patient cannot tolerate land based therapy. In fact the patient has completed multiple physical therapy sessions. Aquatic therapy is not medically necessary.