

<b>Case Number:</b>	CM14-0041419		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Interventional Spine 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 patient is a 46-year-old male with date of injury of 06/28/2013. The listed diagnoses per [REDACTED]. [REDACTED] dated 03/25/2014 are: 1. Bilateral MCP joint osteoarthritis per MRI, 09/24/2013. 2. Bilateral synovial cyst per MRI, 09/24/2013. According to this report, the patient complains of bilateral hand pain radiating into the neck and shoulders. His pain is described as radiating and intermittent. The patient rates the wrist pain as 6/10 to 7/10. The pain is aggravated by gripping, grasping, reaching, pulling and lifting. He also complains of weakness, numbness and tingling in the thumbs and fingers bilaterally. The patient states that the symptoms persist but the medications do offer him temporary relief and improve his ability to have restful sleep. He denies any problems with the medications. The pain is also alleviated by activity restrictions. The physical examination shows the patient is well-developed, well-nourished, and in no acute distress. Inspection of the bilateral wrists and fingers showed slight edema noted on both hands. There is locking of the index fingers bilaterally. There is nonspecific tenderness noted over both wrists and over both thumbs. There is +2 tenderness to palpation at A1 pulley of the index fingers bilaterally. The ranges of motion of the bilateral wrists are diminished. Resisted manual muscle testing is diminished. Motor strength is 4/5 in all the represented muscle groups in the bilateral upper extremities. Sensation to pinprick and light touch is intact over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral upper extremities. Vascular pulses are 2+ and symmetrical in the bilateral extremities. The utilization review denied the request on 03/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy x18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with bilateral hand pain radiating into the neck and shoulders. The medical provider is requesting 18 aquatic therapy sessions. The MTUS Guidelines recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weightbearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy are indicated for various myalgias and neuralgias. The physical therapy report dated 02/05/2014 shows that the patient is undergoing physical therapy for 8 sessions. In this case, it is unclear why the patient would need aquatic therapy sessions when he is able to tolerate land-based therapy. Furthermore, the requested 18 sessions in combination with the previous 8 that he recently received would exceed MTUS recommendations of 8 to 10 visits for various myalgias and neuralgias. Recommendation is not medically necessary.