

Case Number:	CM14-0063334		
Date Assigned:	07/11/2014	Date of Injury:	04/06/2010
Decision Date:	09/17/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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 3 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 44-year-old female who reported an injury on 04/06/2010. The injury reportedly occurred when she accidentally jammed her right hand and fingers when reaching for the handles of an ice chest. She is diagnosed with chronic regional pain syndrome (CRPS). Her past treatments included occupational therapy, physical therapy, medications, splinting and bracing, activity modification, sympathetic nerve blocks, psychotherapy, spinal cord stimulator, participation in a chronic pain management program, Ketamine infusions, Botox injections, and topical analgesics. The injured worker also was noted to have undergone at least 7 visits of aquatic therapy from 03/04/2014 through 03/27/2014, but was discharged as the injured worker did not wish to continue this treatment. The injured worker was also noted to participate in aquatic therapy at a different facility beginning on 05/13/2014. At this initial assessment, it was noted that she rated her pain 5/10. Her physical examination revealed decreased active range of motion in the right elbow from 10 degrees extension to 110 degrees flexion with supination to 90 degrees and pronation to 80 degrees. In her shoulder, her active range of motion was noted to be 100 degrees flexion, 55 degrees abduction, 70 degrees external rotation, and internal rotation to the right hip. Her active range of motion in the wrist was noted to be flexion to 10 degrees, extension to 30 degrees, ulnar deviation to 50 degrees, and radial deviation to 10 degrees. At her 4th visit on 05/22/2014, it was noted that the injured worker reported 50% improvement in her symptoms. Her range of motion in the right elbow was noted to have improved to 8 degrees extension, and 128 degrees flexion. Her range of motion in her wrist was noted to have improved to 42 degrees flexion, 62 degrees extension, 22 degrees radial deviation, and 4 degrees ulnar deviation. Additionally, her range of motion in her shoulder improved in external rotation to 42 degrees and in internal rotation to the right gluteus muscle. However, her range of motion in the shoulder in flexion had decreased to 67 degrees and her abduction had decreased to 75 degrees.

On 05/28/2014, the injured worker presented with complaints of left arm pain, rated 7/10. It was noted that she reported subjective improvement with aquatic therapy and Ketamine. Her physical examination of the left upper extremity revealed a purplish discoloration, coldness to her hands, stiffness in the fingers, decreased motor strength, guarding, hypersensitivity to light touch, sweating changes, shiny skin, changes in hair and nail growth, and reduced range of motion in the wrists, hands, fingers, elbow, and shoulder. The treatment plan included medication refills, physical therapy for the compensatory upper extremity due to nonuse, and continued aquatic water therapy and exercises. A clear rationale for continued aquatic therapy was not provided. The request for authorization form was submitted on 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 3x2 Qty: 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine.

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

Decision rationale: The injured worker was noted to have participated in at least 7 aquatic therapy visits in 03/2014 with progress, but therapy was discontinued as the injured worker indicated she no longer wanted to participate. However, she resumed aquatic therapy on 05/13/2014 and completed 4 visits. The documentation indicates that the injured worker reported decreased symptoms with aquatic therapy and documentation shows significant increase in range of motion with this treatment. According to the California MTUS Chronic Pain Guidelines, aquatic therapy may be recommended when reduced weight bearing is desired. The guidelines also state that physical medicine treatment may be supported for reflex sympathetic dystrophy or CRPS up to 24 visits over 16 weeks. As the injured worker was shown to have been diagnosed with complex regional pain syndrome and has made objective functional gains in previous aquatic therapy visits, continued aquatic therapy treatment is supported. Additionally, as she was only shown to have participated in 11 previous visits, the request for visits 3 times a week for 2 weeks falls within the guideline recommendations for up to 24 visits. Therefore, the requested aquatic physical therapy is appropriate to address the injured worker's remaining functional deficits. As such, the request is medically necessary.