

Case Number:	CM14-0081520		
Date Assigned:	07/18/2014	Date of Injury:	04/23/2013
Decision Date:	08/25/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 Preventive 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:

According to the records made available for review, this is a 62-year-old female with a 4/23/13 date of injury. At the time (5/13/14) of the decision for twelve aqua therapy sessions for the neck and wrist, there is documentation of subjective (neck and low back pain) and objective (paravertebral muscle tenderness and spasm, decreased cervical spine range of motion, positive Phalen's and Tinel's sign, and reduced bilateral grip strength) findings, current diagnoses (cervical radiculopathy and bilateral carpal tunnel syndrome), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve aqua therapy sessions for the neck and wrist.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Aquatic therapy Page(s): 98, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back; Forearm, Wrist, and Hand, Physical Therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG identifies visits for up to 12 visits over 10 weeks in the management of radiculitis and up to 3 visits over 5 weeks in the management of carpal tunnel syndrome. In addition, ODG identifies that patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy and bilateral carpal tunnel syndrome. However, there is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the requested 12 sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for twelve aqua therapy sessions for the neck and wrist is not medically necessary.