

Case Number:	CM14-0086462		
Date Assigned:	07/23/2014	Date of Injury:	01/10/2013
Decision Date:	10/09/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 55 year old male with a reported date of injury on 01/10/2013. The mechanism of injury was not noted in the records. The diagnoses included status post-surgery to the left elbow and bilateral carpal tunnel syndrome. The past treatments included pain medication and left elbow surgery in 2013. The subjective complaints on 04/25/2014 included pain to the left elbow and left arm along with intermittent numbness in both hands. The physical examination noted the range of motion to the cervical spine as flexion of 50 degrees and extension of 40 degrees. The range of motion to the left elbow was restricted in all planes and grip strength was rated 4-/5 in the left hand. The medications consisted of Tramadol ER 150mg daily. The treatment plan was to order aquatic therapy. A request was received for Aqua therapy two (2) times weekly for six (6) weeks for the left elbow. The rationale was not provided. The request for authorization form was dated 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy two (2) times weekly for six (6) weeks for the left elbow: 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 Page(s): 22.

Decision rationale: The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land based physical therapy where reduced weight bearing is desirable. The injured worker had left elbow surgery and has chronic pain to the left arm. There is a lack of evidence in the documentation regarding why aquatic therapy is needed over land based physical therapy. As there was no clear rationale on why reduced weight bearing is needed to treat left elbow and left arm pain, the request is not supported. As such, the request is for Aqua therapy two (2) times weekly for six (6) weeks for the left elbow is not medically necessary.