

Case Number:	CM14-0155116		
Date Assigned:	09/25/2014	Date of Injury:	01/02/2003
Decision Date:	01/30/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Practice, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on 01/02/2003 when she slipped and fell onto cement ground. She experienced immediate pain in the right shoulder, right elbow, bilateral hands and wrists. She had carpal tunnel release right wrist 5/13/2005, carpal tunnel release left wrist 5/25/2005, right shoulder surgery 2/8/2006, right elbow surgery 7/25/2004, right foot surgery January 22, 2007 and July 7, 2011. According to the primary treating physician's orthopedic reevaluation on August 20, 2014 she has persistent pain in both wrists. She has intermittent pain in right arm and elbow with numbness/tingling in both hands. She continues to have pain in the low back to both legs. She uses a cane to ambulate. Her diagnoses include fibromyalgia, s/p arthroscopic surgery of the right shoulder, s/p right elbow arthroscopic surgery, s/p bilateral carpal tunnel release, bilateral wrist DeQuervains tenosynovitis, s/p AME. A request for authorization on August 25, 2014 included the diagnoses of s/p right elbow arthroscopy, s/p bilateral carpal tunnel release and bilateral wrist tenosynovitis. Authorization for DeQuervain's release, aquatic therapy, and updated NCV/EMG of the upper extremities was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

(8) Aquatic Therapy sessions 2 times a week for 4 weeks, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Passive Therapy Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 22.

Decision rationale: Aquatic therapy is appropriate when it is necessary to limit the effects of gravity. This request is for therapy directed to the wrist. There is no need to limit gravity in this case since there is no need for weight bearing in order to receive therapy or perform active exercises directed to the wrist. Therefore, (8) Aquatic Therapy sessions 2 times a week for 4 weeks, right wrist are not medically necessary.