

<b>Case Number:</b>	CM14-0202621		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Orthopedic Surgery, and is licensed to practice in New York. 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 is a 48 year old male who suffered an industrial related injury on 9/17/01. The treating physician's report dated 5/28/14 noted the injured worker reported right shoulder pain and numbness/tingling in both ring and small fingers. The injured worker reported dropping items from both hands. Neck stiffness and low back pain that radiated to the left buttock and left mid-thigh was noted. Numbness and tingling was noted from mid leg down to the toes bilaterally. Bilateral wrist flexion was 50%, extension 60%, radial deviation 20%, and was ulnar deviation 30%. Tinel's and Phalen's tests were negative. Diagnoses included myofascial sprain of the cervical and lumbar spine, bilateral wrist mild carpal tunnel syndrome, peripheral neuropathy, right shoulder impingement with SLAP tear, right shoulder sprain, status post right shoulder arthroscopy, and left shoulder strain. A physician's report dated 11/12/14 noted Tinel's and Phalen's signs were positive for bilateral wrists. The injured workers activities of daily living were impaired by shoulder pain, right hand paresthesia/weakness, and low back pain. On 11/20/14 the utilization review (UR) physician denied the request for associated surgical service of contrast aqua therapy 6 visits over 6 weeks for bilateral wrists. The UR physician noted the clinical documentation submitted for review failed to provide documentation indicating a necessity for contrast aquatic therapy. There was no documented rationale for the requested therapy and there was a lack of documentation indicating whether the surgical intervention was approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Contrast Aqua Therapy 6 visits over 6 weeks for the bilateral wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263 and 264, Postsurgical Treatment Guidelines Page(s): 15 and 16.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS hand pain chapter.

**Decision rationale:** The patient's diagnoses include myofascial sprain of the cervical and lumbar spine, bilateral wrist mild carpal tunnel syndrome, peripheral neuropathy, right shoulder impingement with SLAP tear, right shoulder sprain, status post right shoulder arthroscopy, and left shoulder strain. The medical records do not document any medical necessity for the use of aqua therapy. In addition contrast aqua therapy remains experimental for the treatment of chronic extremity pain. Contrast aqua therapy has never been demonstrated to be more effective than conventional occupational therapy for the treatment of upper extremity disorders. Contrast Aqua Therapy is not medically necessary.