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| Case Number: | CM14-0204699 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 10/13/2010 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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, has a subspecialty in Pain 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:

The injured worker is a 54 year-old female with an original date of injury October 13, 2010. The industrially related diagnoses are complex regional pain syndrome, shoulder-hand syndrome, carpal tunnel syndrome, disorder of bursa of shoulder region, and chronic pain syndrome. The patient is status post carpal tunnel release surgery of bilateral wrists. Her medications to date include Percocet, gabapentin, trazadone, and Tylenol. Patient has documented obesity on a progress note from date of service July 8, 2014 but there is no documentation of weight and height. The disputed issue is the request for aquatic therapy twice a week for 3 weeks. A utilization review on December 3, 2014 has no certified this request. The rationale for denial was the claimant has a history of multiple diagnoses and continues to have bilateral upper extremity pain secondary to complex regional pain syndrome. The claimant is a graduate of functional restoration program. While there are ongoing complaints, the information submitted does not reflect that the patient has attempted a recent event based therapy program or that this is not a tolerable treatment option. Based on these reasons, a specialized aquatic therapy program is not indicated at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. A progress note on date of service November 24, 2014 has noted aquatic therapy has been ordered for this patient. However, the provider does not indicate why such therapy was needed, and what functional goal is to be expected with aquatic therapy. In addition, there is no documentation of height and weight to support the need for non-weight bearing rehabilitation. Therefore, this request is not medically necessary.