

Case Number:	CM15-0103638		
Date Assigned:	06/08/2015	Date of Injury:	12/20/2012
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 53-year-old who has filed a claim for chronic shoulder, hand, wrist, and upper extremity pain reportedly associated with an industrial injury of December 20, 2012. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve a request for six sessions of aquatic therapy for the left arm. The claims administrator referenced May 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 31, 2015, the applicant reported ongoing complaints of left arm, shoulder, and wrist pain, reportedly attributed to alleged complex regional pain syndrome (CRPS). The applicant also reported derivative complaints of depression, it was reported. The applicant's gait was not clearly described or characterized. Swelling and tenderness were appreciated about the left arm with 160 degrees shoulder flexion appreciated. Some pain limited strength about the left upper extremity was appreciated. The applicant was asked to pursue psychotherapy. Norco and Cymbalta were renewed and continued. The applicant was given a rather proscriptive 5-pound lifting limitation. The attending provider sought authorization for aquatic therapy on the grounds that aquatic therapy might be more beneficial in ameliorating the applicant's issues with CRPS. It was suggested (but not clearly stated) that the applicant was working, in various sections of the note. On May 12, 2015, the applicant again presented with ongoing complaints of left upper extremity pain. Relatively well preserved shoulder flexion was appreciated. Some alternation in appearance of the skin overlying the left hand and digits was appreciated. The applicant did have derivative issues with depression, it was acknowledged. Norco, Cymbalta, and aquatic therapy in question were endorsed. It was suggested (but not clearly stated) that the applicant was working with limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 1x week x 6 weeks for the left arm: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Guidelines Page(s): 22; 99. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. , Chronic Pain, page 8672. Recommendation: Recreational Activities for CRPS, Recreational activities, including aquatic therapy, are recommended for patients with moderate to severe CRPS in order for them to develop increasing tolerance to graded activities. Indications: Moderate to severe CRPS patients or those who have difficulty with weight bearing or who have severe upper extremity CRPS. Frequency/Duration: Appointments initially 3 times a week, but 5 times a week if severe CRPS. Indications for Discontinuation: Resolution, noncompliance. Strength of Evidence: Recommended, Insufficient Evidence (I).

Decision rationale: Yes, request for six sessions of aquatic therapy for the left arm was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. Here, the applicant's treating provider and/or treating therapist posited that water-based activities would have been beneficial here for the applicant's issues with left upper extremity complex regional pain syndrome. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a 24-session course of physical therapy for applicants with CRPS, as was apparently present here. The request for quantitative treatment, thus, was in line with MTUS principles and parameters. ACOEM's 3rd edition Chronic Pain Chapter notes on page 867 that aquatic therapy is recommended for applicants with moderate-to-severe CRPS in order for said applicant to develop increasing tolerance to graded activities, including applicants with upper extremity CRPS, as was apparently present here. Here, it appears that the applicant's attending provider and/or treating therapist has suggested that aquatic therapy might be more beneficial and more salubrious than previously performed land-based therapy. It did appear that that the applicant was intent on the employing the aquatic therapy in question in conjunction with program of functional restoration as evinced by the applicant's seeming return to work with restrictions in place. Therefore, the request is medically necessary.