

Case Number:	CM15-0164638		
Date Assigned:	09/02/2015	Date of Injury:	05/10/2011
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female with an industrial injury dated 05-10-2011. The injured worker's diagnoses include carpal tunnel syndrome, Dequervain's tenosynovitis, lateral epicondylitis, cervicobrachial syndrome, and rotator cuff injury. Treatment consisted of diagnostic studies, prescribed medications, multiple surgeries and periodic follow up visits. In a progress note dated 07-30-2015, the injured worker reported ongoing bilateral elbow pain, bilateral wrist pain and bilateral hand pain with numbness in the hands and a sense of fatigue in arms. Objective findings revealed positive Hawkin's, positive Empty can test and positive drop arm test. Tenderness to palpitation of the cubital fossa, lateral and medial epicondyle and olecranon process, pain with flexion and extension, positive Tinel's sign were also noted on exam. Wrist exam revealed positive Phalen's sign and tenderness to palpitation of the radial and ulnar side, and positive Finkelstein's test. The treatment plan consisted of aqua therapy. The treating physician prescribed services for omega water therapy 2 times a week for 4 weeks for the neck, bilateral shoulders, and bilateral upper extremities, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omega water therapy 2 times a week for 4 weeks for the neck, bilateral shoulders, and bilateral upper extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: page 87.

Decision rationale: The claimant has a cumulative trauma upper extremity work injury with date of injury in May 2011. She was seen by the requesting provider for an initial evaluation. She had not had therapy and within two years. She was having bilateral elbow, wrist, and hand pain with numbness and upper extremity fatigue. Physical examination findings included elbow and wrist tenderness. There was pain with resisted wrist range of motion. Phalen's, Tinel's, and Finkelstein is testing was positive. Shoulder impingement, Empty Can, and Drop Arm tests were positive. Authorization for eight sessions of aquatic therapy is being requested. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is being referred for treatment of the upper extremities and neck and would be expected to be able to participate in conventional land based therapy. Additionally, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request is not medically necessary.