

Case Number:	CM15-0182004		
Date Assigned:	09/23/2015	Date of Injury:	01/02/2003
Decision Date:	10/29/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/16/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on 01/02/2003. The injured worker is being treated for history of fibromyalgia, status post arthroscopic surgery right shoulder, status post right elbow arthroscopic surgery, status post bilateral carpal tunnel release, bilateral wrist DeQuervain's tenosynovitis. Treatment to date has included medications, acupuncture (4 sessions as of 9-02-2015), psychological evaluation and treatment and home exercises. Per the Primary Treating Physician's Progress Report dated 9-02-2015, the injured worker reported increasing right shoulder pain with swelling of the right hand and arm for one week. She also reports continued intermittent moderate pain, wrist and thumb. Objective findings of the cervical spine included tenderness to palpation about the paracervical and trapezial musculature with muscle spasms noted. Examination of the right shoulder revealed tenderness to palpation about the anterolateral shoulder and supraspinatus with mild tenderness of the pectoralis. There is restricted range of motion due to reports of discomfort and pain. The plan of care included aquatic therapy, medications and psychiatric evaluation. Authorization was requested for aquatic therapy (2x4) for the right elbow and bilateral wrists. On 9-03-2015, Utilization Review non-certified the request for aquatic therapy (2x4) for the right elbow and bilateral wrists citing lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for the right elbow, bilateral wrists, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The member's DOI was 01/02/2003. The member had undergone bilateral carpal tunnel release and was reported to carry a diagnosis of bilateral DeQuervain's Tenosynovitis. A treating provider's note from 04/01/2015 indicated the member last underwent physical therapy in 2005. A note from 07/22/2015 did not indicate the date for surgery but reported 5 visits for PT for the left hand and 10 for the right as well as injections and aquatic therapy. No assessment for functional or objective benefit was reported. During the interval to the request for aquatic therapy, acupuncture treatment had also been accomplished. The request for Aquatic Therapy was made 09/03/2015 to treat symptoms related to the right elbow and bilateral wrists and thumbs. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Patients are also instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Aquatic therapy is recommended as an optional form of exercise therapy. It can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example in extreme obesity, which would not be relevant in this case. The benefit of PT quickly decreases over time and allowances should be made and plans for fading of treatment frequency anticipated. With flares, a brief reintroduction to facilitate refreshing the individuals memory for technique and restarting home exercise routines can be supported, but not a wholesale return to a full course of PT, aquatic or not. In this situation, there is no justification for aquatic therapy and no supporting documentation for any evidence for functional or objective improvement with any of the previous modalities of care. Therefore, the UR Non- Cert is supported. The request is not medically necessary.