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| Case Number: | CM15-0197653 | | |
| Date Assigned: | 10/13/2015 | Date of Injury: | 08/24/2011 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/07/2015 |

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 injured worker is a 61 year old female, who sustained an industrial-work injury on 8-24-11. A review of the medical records indicates that the injured worker is undergoing treatment for status post right and left carpal tunnel release and status post ulnar nerve release at the elbow and wrist and left median nerve at the wrist on 8-3-15. Treatment to date has included pain medication, bracing, release of left median nerve at wrist 8-3-15, splinting, range of motion exercises and other modalities. The treating physician indicates that the electromyography (EMG) and nerve conduction velocity studies (NCV) study dated 2-13-15 reveals a persistent left carpal tunnel syndrome and entrapment of the ulnar nerve at the elbow as well as the wrist.

Medical records dated (8-26-15 to 9-16-15) indicate that the injured worker is status post status post ulnar nerve release at the elbow and wrist and left median nerve at the wrist on 8-3-15. The physician indicates that following the surgery she has done very well. She has been changed to a removable wrist splint and is to do exercises with the wrist and hand. She reports only a trace amount of numbness and tingling at the fingers. Per the treating physician report dated 9-16-15 the injured worker is not to return to work for 2 months. The physical exam dated (8-26-15 to 9-16-15) reveals that sutures were removed and the wrist incision is healing well. The incision at the elbow is also doing well. There is a trace decrease in sensation about the tips of the thumb and index finger. The physician recommended her to discontinue the splinting and begin an exercise program for strengthening of the wrist and hand. The request for authorization date was 9-22-15 and requested service included Aquatic therapy 2 times a week for 4 weeks for the hands and wrists. The original Utilization review dated 9-29-15 non-certified the request for Aquatic therapy 2 times a week for 4 weeks for the hands and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 4 weeks for the hands/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: This is a request for 8 aquatic therapy sessions for the hands and wrists following July and August 2015 nerve decompression surgeries including carpal tunnel release. The California MTUS notes that, there is limited evidence demonstrating effectiveness of therapy for carpal tunnel syndrome and, carpal tunnel release surgery is a relatively simple operation that should not require extensive therapy visits for recovery (page 15). There is no medical evidence suggesting aquatic therapy is more beneficial than land based therapy and aquatic therapy is not mentioned in the California MTUS or any other evidence based upper extremity compressive neuropathy treatment algorithms. Records provided do not include any rationale or medical justification for the requested aquatic therapy, which is determined to be medically unnecessary.