

Case Number:	CM15-0211004		
Date Assigned:	10/29/2015	Date of Injury:	03/07/2014
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/26/2015

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: Physical Medicine & Rehabilitation

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 53 year old female who sustained a repetitive industrial injury on 03-07-2014. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, cervicgia, displacement of cervical intervertebral disc without myelopathy, cervical stenosis with radiculopathy and lateral epicondylitis. According to the treating physician's progress report on 10-05-2015, the injured worker continues to experience neck pain to the bilateral upper extremities down to the wrists associated with numbing of the 2nd, 3rd and 4th digits bilaterally. Examination demonstrated normal range of motion of the bilateral upper extremities, hands, wrists, fingers and elbows. The cervical spine range of motion was limited on right rotation otherwise within normal limits. Spurling's was negative. Lhermitte's was positive. Bilateral wrists noted positive Tinel's, Durkan's and Phalen's tests. Bilateral elbows were negative for Tinel's at the cubital tunnel and negative tenderness at the medial ulnar. There was tenderness to palpation of the lateral epicondyle. Bilateral wrist magnetic resonance imaging (MRI) (no date documented) was interpreted within the progress notes dated 10-05-2015 and a Nerve Conduction Velocity (NCV) performed in 06-2014 revealed mild left carpal tunnel syndrome. The injured worker was not considered a surgical candidate for her hands. Prior treatments have included diagnostic testing, hand therapy (no improvement), left carpal tunnel injection (no improvement noted), acupuncture therapy (no improvement), rheumatology consultation (negative), cervical epidural steroid injection (some relief) and medications. Current medications were listed as Norco, Nabumetone and Tizanidine. Treatment plan consists of activity restrictions and the current request for water therapy times 12 sessions. On 10-09-2015, the Utilization Review determined the request for water therapy

times 12 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 2014 injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Water therapy x12 is not medically necessary and appropriate.