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| Case Number: | CM14-0122731 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 02/09/2012 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33-year-old male who has submitted a claim for rotator cuff syndrome, associated with an industrial injury date of 02/09/12. Medical records from January 2014 to August 2014 were reviewed. The patient complained of frequent, severe, achy, and throbbing right shoulder, bicep, elbow, and low back. He stated that he had an incident when he felt a popping sensation in his right bicep when he lifted a heavy wooden object. He sought consult and was diagnosed to have bicep tendon rupture. He underwent physical therapy; however, it was not helpful. On April 24, 2013, he underwent surgery for his right bicep. The pain still persisted after the procedure. Physical examination revealed cervical range of motion was decreased and painful. There was positive Finkelstein's, Phalen's, Tinel's, Prayer, Durkan's tests on the bilateral upper extremity. Range of motion was decreased, right shoulder flexion 170/180, extension 40/50, abduction 170/80, adduction 30/40, internal rotation 70/80, and external rotation 80/90. Right wrist range of motion was decreased. Magnetic Resonance Imaging (MRI) of the right shoulder, dated April 24, 2014, revealed lateral epicondylitis. MRI of the right wrist revealed carpal tunnel syndrome, subchondral cyst formation, and joint effusion. MRI of the left wrist, dated May 27, 2014, revealed avascular necrosis of the scaphoid and subchondral cyst formation. Electromyography (EMG), dated February 7, 2014, was normal. Nerve Conduction Velocity Studies (NCV), dated February 7, 2014, revealed bilateral moderate carpal tunnel syndrome. Treatment to date has included TENS, acupuncture, and physical therapy. Utilization review from July 18, 2014 denied the request for Aquatic therapy two times per week for six weeks to right shoulder and arm. The basis for aquatic therapy was not discussed. It was not stated that the patient had problems with land-based therapy. Thus, the medical necessity of the requested therapy was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two times per week for six weeks to right shoulder and arm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 99.

Decision rationale: According to page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity or fractures of the lower extremity. In this case, the patient's BMI is 21.8kg/m² and there is no diagnosis of fracture. It is not stated that the patient had problems with land-based exercises. Also, the functional response to the land-based physical therapy was not mentioned. According to the Physical Medicine Guidelines on page 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, the recommended schedule is 8-10 visits over 4 weeks. The request for 12 aquatic therapy visits exceeds the number of visits prescribed by the guidelines. Furthermore, there was no indication why the patient could not participate in a land-based physical therapy program. Therefore, the request for Aquatic therapy two times per week for six weeks to right shoulder and arm is not medically necessary.