

<b>Case Number:</b>	CM15-0115133		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 42 year old female, who sustained an industrial injury on February 2, 2013, incurring injuries to both hands and wrists, secondary to repetitive motions. She was diagnosed with right flexor tendinitis, carpal tunnel syndrome, trigger finger, thoracic outlet syndrome, cervicobrachial syndrome and sympathetic dystrophy of the upper limbs. Treatment included injections, splinting, surgical interventions, Electromyography studies, anti-inflammatory drugs, physical therapy, and right carpal tunnel release. Currently, the injured worker complained of severe pain in the bilateral hands, arms and shoulders. The pain was rated a 9 out of 10 on a pain scale of 1 to 10. She complained of difficulty completing activities, walking, sitting, personal care activities and toileting. She had pain and decreased sensation of the fingers, right and left hand numbness with tingling, and crepitus in the wrists with decreased grip strength of the hands. Wrist movement was limited. The treatment plan that was requested for authorization included aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy, three (3) times a week for eight (8) weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy three times per week times eight weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; reflex sympathetic dystrophy; thoracic outlet syndrome; cervico-brachial syndrome; and myofascial pain/myositis. The request authorization is dated May 5, 2015. The worker is status post right carpal tunnel release. The injured worker received prior physical therapy and acupuncture. On April 30, 2015, the treatment plan contains a request for an initial evaluation for aquatic therapy. The injured worker has ongoing pain in the arms and shoulders bilaterally. Objectively, there is crepitus in the wrists and tenderness to palpation in the trapezius with trigger points. Aquatic therapy (24 sessions) is requested for non-weight bearing upper extremity symptoms and signs. There is no clinical rationale for aquatic therapy. There is no clinical rationale indicating reduced weight-bearing is indicated. Consequently, absent clinical documentation with a clinical rationale for aquatic therapy in non-weight bearing anatomical regions, aquatic therapy three times per week times eight weeks is not medically necessary.