

Case Number:	CM15-0129382		
Date Assigned:	07/16/2015	Date of Injury:	04/14/1998
Decision Date:	08/11/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old female, who sustained an industrial injury on 4/14/98. She reported pain in her neck, back and upper and lower extremities related to a fall. The injured worker was diagnosed as having chronic regional pain syndrome, global muscular atrophy secondary to disuse and chronic back pain status post back surgery. Treatment to date has included acupuncture, a spinal cord stimulator, an EMG study on 3/25/15 showing right ulnar neuropathy, Lidocaine patches, OxyContin, Norco, Naproxen and Fenoprofen. As of the PR2 dated 5/20/15, the injured worker reports neck pain with bilateral arm pain and bilateral leg symptoms. She rates her pain a 7-8/10. Objective findings include a negative Spurling's test and hypersensitivity in the right upper extremity. The treating physician requested aquatic therapy for the hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Aquatic therapy for the hand is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The MTUS physical medicine guidelines recommend up to 10 therapy visits for myalgia/myositis; up to 10 visits for neuralgia/neuritis and up to 24 visits for CRPS. The request does not specify a quantity of visits. The documentation does not indicate that the patient cannot participate in land based therapy or how aquatic therapy will be beneficial for the hand as this therapy is usually indicated for reduced weight bearing. The request for aquatic therapy is not medically necessary.