

Case Number:	CM13-0006283		
Date Assigned:	12/11/2013	Date of Injury:	02/09/2012
Decision Date:	04/30/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/02/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

This is a 54 year-old female who was injured on 2/9/12. She has been diagnosed with cervical spine strain/sprain; lumbar spine strain/sprain; and shoulder sprain/strain. According to the 7/24/13 medical report from [REDACTED], the patient presents with 8.5/10 pain and is having hand surgery this Saturday. There is an internal medicine/pain management report from [REDACTED], dated 7/23/13 stating the patient is 5'4", 146 lbs. On 7/24/13 UR recommended non-certification of 12 aquatic therapy visits for the right shoulder between 7/22/13 and 9/5/13. The progress report that requests the aquatic therapy was not available for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC THERAPY SESSIONS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 98-99.

Decision rationale: There was no mention in the medical records provided for review of any weight-bearing intolerance. The MTUS Chronic Pain Guidelines does allow for aquatic therapy when it is "specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MTUS Chronic Pain Guidelines states for the frequency or number of visits, to

see the Physical Medicine section of the guidelines. The MTUS physical medicine section states that 8-10 sessions of therapy are recommended for myalgias or neuralgias. The request for 12 sessions exceeds the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.