

Case Number:	CM13-0015520		
Date Assigned:	09/23/2013	Date of Injury:	10/01/2010
Decision Date:	03/06/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 physician 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 47-year-old female with date of injury on 10/01/2010. The progress report dated 07/11/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) bilateral shoulder impingement syndrome, status post surgery, (2) bilateral upper extremity overuse tendinopathy, (3) cervical spine sprain/strain, (4) anxiety and depression, and (5) sleep disorder. The patient continues to present with persistent low back pain. She is having a lot of radiation to the right gluteal region. The patient also has neck pain and bilateral shoulder pain. Physical exam findings include decreased range of motion of the bilateral shoulders with positive impingement signs. There is crepitus on motion and acromioclavicular joint tenderness. The patient was noted to be currently attending pool therapy. Recommendation was for 8 additional visits of pool therapy for the lumbar spine. Celebrex was also prescribed for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for the lumbar spine (2 times per week for 4 weeks): Upheld

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

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

Decision rationale: The patient continues with persistent pain in the lower back, neck, and bilateral shoulders. The records indicate that the patient was currently in pool therapy. The progress report dated 06/13/2013 also indicated the patient was in pool therapy, and the request was made for 8 additional therapy sessions. Regarding aquatic therapy, the guidelines state that it is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. The guidelines also state that physical medicine allows for the fading of treatment frequency plus active self-directed home physical medicine. Nine to ten physical therapy visits over 8 weeks is recommended for myalgia and myositis, unspecified. This patient has had previous sessions of aquatic therapy, but it is unclear from the records provided the number of sessions received. The request for 8 additional sessions of aquatic therapy appears to exceed the recommended number of visits. Therefore, the requested 8 sessions of pool therapy are not medically necessary or appropriate at this time.