

Case Number:	CM13-0016275		
Date Assigned:	11/06/2013	Date of Injury:	09/14/2012
Decision Date:	08/26/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational Medicine 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 65-year-old male with a 9/14/12 date of injury. The mechanism of injury occurred during his course of employment as a general laborer. The patient claimed that his job duties necessitated the performance of frequent bending, stooping, pushing and pulling maneuvers. According to a progress note dated 7/15/13, the patient complained of constant minimal to moderate 5/10 neck pain that was dull and achy and radiated to his bilateral shoulders. He also complained of 5/10 dull, achy left shoulder pain radiating to his left elbow and 6/10 dull, achy right shoulder pain radiating to his right elbow. In addition, the patient complained of constant minimal to moderate 6/10 dull, achy right wrist pain and loss of sleep due to pain. Objective findings: cervical ROM decreased, +3 tenderness to palpation of the cervical paravertebral muscles, muscle spasm of the cervical paravertebral, +3 tenderness to palpation of the acromioclavicular joint, right shoulder ROM decreased, left and right wrist ROM decreased, +3 tenderness to palpation of the left and right volar wrist. Diagnostic impression: cervical musculoligamentous injury, cervical muscle spasm, left shoulder sprain/strain, left shoulder impingement syndrome, right shoulder sprain/strain, right shoulder impingement syndrome, left wrist sprain/strain, left carpal tunnel syndrome per NCV, right wrist sprain/strain, right carpal tunnel syndrome per NCV. Treatment to date: medication management, activity modification, TENS unit, aquatic therapy. A UR decision dated 8/16/13 denied the request for 12 additional sessions of aquatic therapy and denied the request for additional time for the therapy sessions. No current progress reports from the requesting provider or re-evaluation from the physical therapy provider was submitted. Without objective evidence of functional improvement and documentation of the remaining deficits that cannot be adequately addressed in a fully independent home exercise program, the need for continued therapy is not adequately established.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE CERVICAL SPINE, BILATERAL SHOULDERS AND RIGHT WRIST:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 9792.22 General Approaches Page(s): 22, 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. According to a physical therapy report dated 6/15/13, after six weeks of pool therapy, the patient stated that he continued to experience pains to the cervical spine and shoulders. He stated that pool therapy was "somewhat ok; not too hard, not too easy". It is also documented that the patient has completed 14 pool therapy sessions as of 6/15/13. ODG guidelines support up to 10 visits over 8 weeks for sprains and strains of neck, 10 visits over 8 weeks for sprained shoulder, and 9 visits over 8 weeks for sprains and strains of wrist and hand. There was no documentation that the patient has had any functional improvement from aquatic therapy. In fact, the documentation from the most recent physical therapy note stated that the patient continued to experience pain. It is unclear why the provider feels additional sessions would benefit the patient. In addition, the patient has already completed 14 sessions of aquatic therapy, which exceed guideline recommendations. It is unclear why the patient has not been able to transition to a home exercise program at this time. Therefore, the request for Aqua Therapy 2 Times a Week for 6 Weeks for the Cervical Spine, Bilateral Shoulders and Right Wrist is not medically necessary.

2 POOL THERAPY SESSIONS EACH ADDITIONAL 15 MINUTES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2; 9792.22 General Approaches Page(s): 22, 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114)Official

Disability Guidelines (ODG) Neck and Upper Back Chapter, Shoulder Chapter, ODG Forearm, Wrist, and Hand Chapter.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. According to a physical therapy report dated 6/15/13, after six weeks of pool therapy, the patient stated that he continued to experience pains to the cervical spine and shoulders. He stated that pool therapy was "somewhat ok; not too hard, not too easy". It is also documented that the patient has completed 14 pool therapy sessions as of 6/15/13. ODG guidelines support up to 10 visits over 8 weeks for sprains and strains of neck, 10 visits over 8 weeks for sprained shoulder, and 9 visits over 8 weeks for sprains and strains of wrist and hand. There was no documentation that the patient has had any functional improvement from aquatic therapy. In fact, the documentation from the most recent physical therapy note stated that the patient continued to experience pain. It is unclear why the provider feels additional sessions would benefit the patient. In addition, the patient has already completed 14 sessions of aquatic therapy, which exceed guideline recommendations. It is unclear why the patient has not been able to transition to a home exercise program at this time. Therefore, the request for 2 Pool Therapy Sessions Each Additional 15 Minutes is not medically necessary.