

Case Number:	CM13-0017493		
Date Assigned:	04/25/2014	Date of Injury:	08/12/2011
Decision Date:	10/31/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/19/2013

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 Emergency 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:

Patient with reported date of injury on 8/12/2011. No mechanism of injury was provided for review. Patient has a diagnosis of cervical spine herniated nucleus pulposus, lumbar spine herniated disc, L shoulder impingement syndrome, L hand musculoligamentous injury, diabetes and hypertension. Medical reports reviewed. Last report available until 7/8/13. Patient complains of neck, L shoulder and low back pain. Pain is 5-7/10. Objective exam reveals tenderness to cervical spine over spinous process from C3-6 with muscle spasms. Decreased range of motion(ROM). L shoulder noted tenderness over acromioclavicular joint and palpable muscle spasms over trapezius on L side. Decreased ROM especially flexion, positive impingement sign. Lumbar spine with noted tenderness from L1-L5 with spasms. Decreased ROM. Positive straight leg test(no notation on side or degrees). No imaging or electrodiagnostic reports were provided for review. Patient reportedly has undergone 3 aquatic therapy sessions which "is helping with symptomatology." Prior notes on 6/3/13 and 4/29/13 merely states "requesting a course of aqua therapy once a week for 4weeks". A physical therapy note from 4/9/13 does not mention what type of therapy was being done but merely "continue therapy with emphasis on strengthening, ROM and tolerance to achieve safe return to work." Current medications include Ultram, Voltaren, Flexeril, Protonix and Xoten-C. Independent Medical Review is for Aquatic Therapy 2 per week for 4weeks for cervical, lumbar and L shoulder. Prior UR on 7/15/2013 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2xwk X 4wks Cervical, Lumbar, Left Shoulder: 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: As per MTUS Chronic pain guidelines, Aquatic Therapy may be recommended as an optional form of exercise and/or physical therapy where pt is not able to tolerate land based therapy. There is no documentation as to why the pt needs aquatic therapy or why the pt cannot tolerate land based therapy. The provider has failed to document why aquatic therapy is needed or any objective improvement with these sessions except for "helping". Patient has a PT note from 4/9/13 reporting physical therapy. Patient appears to have had an unknown number of physical therapy sessions with unknown response. Aquatic therapy is not medically necessary.