

Case Number:	CM13-0022262		
Date Assigned:	11/13/2013	Date of Injury:	08/27/2002
Decision Date:	01/14/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/10/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of August 27, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of acupuncture over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 6, 2013, the claim's administrator denied a request for aquatic therapy. The applicant's attorney subsequently appealed on September 10, 2013. An earlier note of August 8, 2013, is handwritten, not entirely legible, and notable for ongoing complaints of shoulder, neck, and hand pain with associated loss of grip strength and numbness about the hands. Positive signs of internal shoulder impingement are appreciated, with associated tenderness to touch. The applicant is asked to pursue aquatic therapy for shoulder and remain off of work on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 12 sessions (unknown body parts): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22..

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those individuals in whom reduced weightbearing is desirable. In this case, however, there is no indication or evidence that the applicant's neck, hand, and upper extremity issue would result in reduced weightbearing. There is no evidence that the applicant is non-ambulatory, semi-ambulatory, or otherwise a candidate for aquatic therapy. No rationale has been provided as to why she cannot perform land-based therapy and/or land-based home exercises. Therefore, the request remains non-certified, on independent medical review.