

Case Number:	CM13-0027081		
Date Assigned:	11/22/2013	Date of Injury:	10/08/2004
Decision Date:	08/05/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/20/2013

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 and 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:

The injured worker is a 64-year-old female who reported an injury on 10/08/2004. The mechanism of injury was not provided for clinical review. The diagnoses included right shoulder impingement syndrome, lateral epicondylitis, and chronic cervical pain. The previous treatments include physical therapy, a TENS unit, and medication. within the clinical note dated 05/20/2013, it was reported that the injured worker complained of pain and an electrical sensation in her neck and low back, as well as a clicking along the spine. The injured worker complained of pain in the MCP joints of the thumbs with gripping. Upon physical examination, the provider noted tenderness to palpation over the bilateral thumbs, CMC joints, and over the distal interphalangeal joints with Heberden's nodes. The provider also noted tenderness to palpation of the cervical paraspinal muscles and lumbar paraspinals. Sensation was intact to pinwheel. The range of motion of the neck was at 45 degrees to the left and 45 degrees to the right, flexion at 60 degrees, and extension at 10 degrees. The provider requested pool therapy to help with flexibility and pain. The request for authorization was submitted and dated on 08/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDEPENDENT AQUATIC THERAPY FOR 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for independent aquatic therapy for 6 months is not medically necessary. The injured worker complained of pain and electrical sensation in the neck and low back, as well as clicking along the spine. She complained of pain in her MCP joints of the thumb with gripping. The California MTUS Guidelines note aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based therapy in those individuals in whom reduced weight-bearing is desirable. There is a lack of significant objective findings indicating the injured worker is diagnosed with a condition for which reduced weight-bearing would be desirable. The documentation indicated the injured worker had motor deficits of the lower extremities, which would medically warrant aquatic therapy. The guidelines note that for neuralgia and myalgia, 8 to 10 visits are recommended. The request submitted for 6 months of independent aquatic therapy exceeds the guideline recommendations. Therefore, the request is non-certified.