

Case Number:	CM13-0036609		
Date Assigned:	12/13/2013	Date of Injury:	08/26/2010
Decision Date:	04/21/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/21/2013

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 [REDACTED] employee who has filed a claim for chronic shoulder, elbow, wrist, and low back pain reportedly associated with an industrial injury of August 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; carpal tunnel release surgery; unspecified amounts of physical therapy over the life of the claim; MRI imaging of the injured shoulder of October 29, 2011, notable for partial supraspinatus tear; and extensive periods of time off of work, on total temporary disability. A July 8, 2013 progress note is notable for comments that the applicant reports persistent elbow, wrist, hand, and shoulder pain. The applicant is off of work and has not worked since May 2011. A subsequent note of September 5, 2013 is notable for comments that the applicant reports 7/10 low back pain. He is described as standing 5 feet 7 inches tall and weighing 355 pounds. The applicant is having issues with insomnia. The applicant is having difficulty finding a comfortable position with which to sleep in. A 12-session course of aquatic therapy is sought. It is stated that the applicant has failed land-based therapy. The applicant's gait is not described on this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 3 X 4 FOR LEFT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 applicants who are immobile, deconditioned, severely obese, and/or are unable to participate in land-based therapy or land-based home exercises. In this case, there is no evidence that the applicant is unable to participate in land-based therapy and/or land-based. The applicant was described on July 8, 2013 as exhibiting a normal gait, without the usage of any assistive device. While he is an obese individual, as noted above, this does not necessarily preclude his participating in land-based therapy without any associated gait derangement or gait deficits. Therefore, the request is not certified, on independent medical review.