

Case Number:	CM13-0036860		
Date Assigned:	12/13/2013	Date of Injury:	09/10/2012
Decision Date:	02/12/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/22/2013

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 licensed in Chiropractic and Acupuncture, 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 claimant is a 31 year old female who was involved in a work-related injury on 9/10/12. She complains of neck, upper back, right shoulder, and left and right wrist pain. She has right and left carpal tunnel syndrome, cervical and lumbar sprain strain, and rotator cuff tendonitis. Prior treatment includes wrist splinting, chiropractic, acupuncture, activity modification, aquatic therapy, oral medications, injections to the spine and shoulder, and home based exercises. Surgery on the wrist and post surgical therapy was approved on 9/23/13. A series of 12 acupuncture visits began on 10/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

aquatic therapy for the cervical spine, thoracic spine, right shoulder, and left wrist twice a week for six weeks: 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 Page(s): 22, 98-99.

Decision rationale: According to evidenced based guidelines, aquatic therapy can be used as a form of physical therapy. Physical therapy recommendations allow for 8-10 visits over 4-8

weeks for myalgia and neuralgia. The claimant has had previous physical therapy and aquatic therapy; there is no documentation on the total number of visits that have been rendered. There is no documentation of functional improvement from prior sessions. It is unknown if the claimant has exceeded the 24 visit maximum recommendation. In addition, the claimant is approved for surgery, post surgical therapy, and acupuncture therapy. There is no documentation on the completion of the surgery or of post surgical therapy. Therefore, further aquatic therapy is not medically necessary.