

Case Number:	CM13-0037857		
Date Assigned:	02/20/2014	Date of Injury:	10/25/2011
Decision Date:	06/11/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 52-year-old who reported injury on October 25, 2011. The diagnosis was sprains and strains of the neck. The injured worker underwent right shoulder surgery on May 23, 2013 and was treated with naproxen. The mechanism of injury was cumulative trauma. The documentation of August 22, 2013 revealed the injured worker had subjective complaints of right shoulder pain radiating to the entire arm, associated with sleep interruption and worsened by lifting, pushing, and pulling; right forearm pain radiating to the hand and fingers, and headaches radiating to the eyes. The diagnoses included cervical spine spondylosis with degenerative disc disease; spondylolisthesis; sprain/strain of the thoracic spine; thoracic spine spondylosis; chronic sprain/strain lumbar spine; rotator cuff and biceps tenodesis, right shoulder; degenerative joint disease with SLAP lesion, right shoulder; status post arthroscopic surgery, right shoulder; medial epicondylitis, right elbow; right wrist pain secondary to carpal tunnel syndrome; multilevel cervical disc protrusion with bilateral neural foraminal narrowing; and cervical spine sprain/strain. The treatment plan included aquatic therapy two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE NECK, BACK RIGHT WRIST AND ELBOW (12): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Page(s): 22,98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is nine to ten visits and for Neuralgia, neuritis, and radiculitis, it is eight to ten visits. The clinical documentation submitted for review indicated the injured worker had previously been treated with aquatic therapy. There was a lack of documentation of the quantity of sessions that were provided. There was a lack of documentation indicating the injured worker had a need for a reduced weight bearing. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. The physician documentation was requesting therapy two times a week for four weeks. The clinical documentation that was submitted failed to include a DWC form RFA for aquatic therapy three times a week for four weeks. The request for aquatic therapy three times a week for four weeks for the neck, back right wrist and elbow is not medically necessary or appropriate.