

Case Number:	CM13-0041761		
Date Assigned:	12/20/2013	Date of Injury:	04/29/2013
Decision Date:	04/25/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/30/2013

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 Interverntional Spine 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 patient is a 58 year old female with a date of injury of 04/29/2013. The listed diagnosis per the physician is a left trapezius strain. According to report dated 10/08/2013, the patient presents with worsening of left shoulder pain. The objective findings include, "tenderness in trap" and "persistent (illegible) strain." Treatment plan is for aqua therapy. This is the extent of the report. Report dated 09/24/2013 notes patient is now feeling worse and pain is moving to left arm. There is tenderness to the trap and shoulder with increasing pain to the left arm and trapezius. There are no other physical examination findings. Request is for aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) AQUATIC THERAPY SESSIONS TO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: The patient present with shoulder and trapezius pain. The treater is requesting 6 aquatic therapy sessions. The MTUS Guidelines page 22 recommends aquatic

therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as in extreme obesity. For duration of treatment, MTUS page 98 and 99 under physical medicine section recommends 9 to 10 sessions for various myalgia and myositis-type symptoms. In this case, the treater does not document any weight-bearing issues and the patient is being treated for shoulder pain. The patient's injury is relatively recent and as medical records document the patient has not yet participated in any physical therapy. A course of 9-10 sessions may be warranted for physical therapy; however, the treater is requesting aqua therapy. MTUS requires weight bearing restrictions to consider aquatic therapy as an option for treatment. Recommendation is for denial.