

Case Number:	CM13-0043702		
Date Assigned:	12/27/2013	Date of Injury:	12/18/2008
Decision Date:	04/30/2014	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 Interventional 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 42 year old male with a date of injury of 12/18/2008. The listed diagnoses per [REDACTED] are: 1) Status post bilateral carpal tunnel releases and ulnar nerve transposition, right shoulder arthroscopy and acromioplasty with residual biceps tendinitis (2010) 2) History of back injury and strain 3) Hip and knee pain According to report dated 06/24/2013 by [REDACTED], the patient is being treated for right shoulder, bilateral wrist, hip, low back and knee complaints. Physical examination demonstrated tenderness about the right biceps tendon. There was no physical examination of the back, knee or hip. Treater states "water therapy may be helpful for his hip as well as his upper extremities and his back." Progress report from 08/07/2013 reports they are waiting on water therapy approval for his knee and hip. Physical examination revealed some mild positive impingement signs on the right shoulder. He has some trigger points that are tender around the upper parascapular region. Again there is no examination of the back, hip or knee. Treater maintains that patient has not had a trial of aqua therapy and feels it "would be helpful given the global nature of his injuries and his whole body issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY (12 SESSIONS): 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 Aquatic Therapy and Physical Medicine, Page(s): 22, 98 and 99..

Decision rationale: This patient presents with right shoulder, bilateral wrists, knee, low back and hip pain. The treater is requesting 12 aquatic therapy sessions to address patient's "whole body issues." Utilization review dated 09/25/2013 denied the request stating that the benefit of aquatic therapy over land based therapy is not documented. 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. Review of the reports show that there are quite a few references to patient's participation in physical therapy. However, the physical therapy reports are not provided and the exact number of treatments received thus far is not clear. Also, the treater's current request for 12 aquatic therapy sessions exceeds what is recommended by MTUS. Aquatic therapy is not routinely recommended either, unless weight-bearing exercises are problematic. Recommendation is for denial.