

Case Number:	CM13-0052256		
Date Assigned:	06/09/2014	Date of Injury:	04/12/2012
Decision Date:	07/14/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/31/2013

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 Family 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 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 56 year old female who reported an injury to her low back on April 2012. The injured worker also described neck and left upper extremity symptoms. The therapy note dated 03/13/13 indicates the injured worker undergoing an evaluation. There is an indication the injured worker had been involved in a motor vehicle accident. The injured worker did have complaints of back, neck, and left shoulder pain. Range of motion deficits were identified at the left shoulder, both actively and passively. The clinical note dated 05/20/14 indicates the injured worker complaining of low back pain with radiating pain into both lower extremities, left greater than right. The injured worker stated the pain intermittently radiates into the left foot. The injured worker also reported numbness and tingling in the same distribution. The injured worker rated the low back pain as 6/10. The note indicates the injured worker able to demonstrate 85 degrees of lumbar flexion with 20 degrees of extension, 30 degrees of side bending and rotation bilaterally. Decreased sensation was identified in the left L4, L5, and S1 dermatomes. There is an indication the injured worker ambulated with a slow cadence. The injured worker described the initial injury on 04/12/12 when she attempted to catch a falling patient and felt a pull in her left arm. Within 15 minutes, the injured worker also reported tenseness in the neck and developed neck spasms. There was also an indication the injured worker had been undergoing physical therapy to address the shoulder and low back complaints. The injured worker had completed 6 chiropractic therapy sessions to address the left shoulder and neck complaints. There was also an indication the injured worker underwent medial branch blocks at the L4-5 and L5-S1 levels. The injured worker was instructed to continue with a home exercise program as well. The clinical note dated 06/09/14 indicates the injured worker having undergone electrodiagnostic studies which revealed no cervical radiculopathy or plexopathy. No peripheral nerve entrapment was identified. The injured worker stated that she had spent 13 years working as a daycare worker

and was involved with repetitive lifting, pushing, and pulling activities. The injured worker described weakness in the left upper extremity as well as ongoing pain at the left shoulder and both elbows. The injured worker rated the pain as 8/10. The note indicates the injured worker utilizing Celebrex, Hydrocodone, and Aspirin for ongoing pain relief. Upon exam, the injured worker demonstrated weakness and pain in both upper extremities. Swelling and joint stiffness were also identified along with numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT POOL EXERCISE PROGRAM TIMES THREE (3) MONTHS: 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 Page(s): 22.

Decision rationale: The request for an outpatient pool exercise program x 3 months is non-certified. The documentation indicates the injured worker complaining of neck, low back, and left shoulder pain. Aquatic therapy is indicated for injured workers who are unable to perform land based activities outlined in Chronic Pain Medical Treatment Guidelines. The clinical notes indicate the injured worker having previously undergone both physical therapy and chiropractic manipulation addressing the neck and left shoulder as well as the low back. Therefore, it appears the injured worker is able to perform land based activities. Given this information, this request is not indicated as medically necessary.