

Case Number:	CM13-0061129		
Date Assigned:	12/30/2013	Date of Injury:	04/04/2003
Decision Date:	04/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/04/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 04/04/2003. The mechanism of injury was not provided. The documentation of 11/19/2013 revealed the patient began a first aquatic therapy consult. The patient had a severe flare-up, which seems to occur every month. The physical examination revealed severe tenderness at the left shoulder and it indicated that the patient's lumbar spine still had decreased motor and sensory in the left lower extremity. The patient's diagnoses were noted to include lumbar spine radiculopathy, cervical spine degenerative disc disease, and left shoulder impingement. The request was made for aquatic therapy 12 visits for the left shoulder, cervical spine, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC THERAPY VISITS FOR THE LEFT SHOULDER, CERVICAL AND LUMBAR SPINE: Upheld

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

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

Decision rationale: California MTUS 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 9-10 visits and for neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review failed to indicate necessity for aquatic therapy. There was lack of documentation indicating the patient failed land therapy and had a necessity for reduced weight-bearing. Given the above and the lack of documentation of exceptional factors, the request for aquatic therapy 12 visits for the left shoulder, cervical and lumbar spine is not medically necessary.