

Case Number:	CM13-0063183		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2007
Decision Date:	05/28/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational 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 patient is an employee of [REDACTED] and has submitted a claim for pain in the right shoulder, right elbow and right wrist, with an industrial injury date of May 23, 2007. Treatment to date has home exercise program, undated right carpal tunnel release and right ulnar nerve release, and medications which include hydrocodone-APAP, and cyclobenzaprine. Medical records from 2013 were reviewed the latest of which dated April 25, 2013 which revealed that the patient has been experiencing constant pain in his right shoulder, right elbow and right wrist but he is getting relief with his current medications. He has intermittent numbness in the right arm. He indicates his current pain and discomfort is slightly affecting his general activity but moderately affecting his enjoyment of life, to include his ability to concentrate and interact with other people. He is not currently working. On physical examination, the ranges of motion of the right shoulder were mild to moderately restrict in all planes. There was a surgical scar noted on the right wrist and right elbow. There was evidence of tightness and spasm at the trapezius muscle upon palpation. The right proximal muscles were not tested due to pain in the right shoulder. Right biceps and right triceps strength were -5/5. Grip strength of the right hand was 4/5. There was mild to moderate muscle atrophy noted in the right deltoid, right biceps and right triceps muscles. Utilization review from November 27, 2013 denied the requests for aquatic therapy twice a week for four weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY, PAGE 22-23

Decision rationale: On pages 22-23 of the Chronic Pain Medical Treatment Guidelines state that aquatic physical therapy is recommended as an alternative to land based physical therapy where reduced weight-bearing is desirable such as extreme obesity or fracture of the lower extremity. In this case, aquatic therapy was requested for the shoulder pain. In addition, the latest progress notes indicate that the pain was improving with medications. However, it has not been noted as to whether the patient had previous land-based physical therapy sessions nor why there is a need for a reduced weight bearing environment that cannot be addressed by land-based therapy. Also, there was no documentation of musculoskeletal impairment that support the need for additional supervised rehabilitation; therefore, the request for aquatic therapy twice a week for four weeks for the right shoulder is not medically necessary.