

Case Number:	CM13-0064939		
Date Assigned:	01/03/2014	Date of Injury:	12/20/2009
Decision Date:	03/31/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

According to the records made available for review, this is a 48-year-old female with a 12/20/09 date of injury. At the time of request for authorization for 12 outpatient aqua therapy to the right elbow, 2 x 6 weeks, there is documentation of subjective (neck pain with upper extremity pain) and objective (restricted range of motion in the cervical spine, spasm and guarding noted, and restricted range of motion in the elbow) findings, current diagnoses (cervical spine degenerative joint disease, shoulder pain, cervical spine pain, and elbow pain), and treatment to date (activity modification, physical therapy, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the right elbow (12 sessions): 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity). Within the medical information available for review, there is documentation of cervical spine

degenerative joint disease, shoulder pain, cervical spine pain, and elbow pain. In addition, there is documentation of objective functional deficits and functional goals. However, there is no documentation of an indication for which reduced weight bearing is needed (extreme obesity). Therefore, based on guidelines and a review of the evidence, the request for 12 outpatient aqua therapy to the right elbow is not medically necessary.