

Case Number:	CM13-0071997		
Date Assigned:	01/08/2014	Date of Injury:	08/27/2008
Decision Date:	07/07/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Sports 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 injured worker is a 48-year-old female who reported an injury on 8/27/08. The mechanism of injury was not specifically stated. Current diagnoses include cervical spine herniated nucleus pulposus, cervical radiculopathy, status post left shoulder surgery with residual pain, left shoulder internal derangement, left shoulder rotator cuff tear, bilateral shoulder pain, and bilateral shoulder sprain. The injured worker was evaluated on 10/17/13. The injured worker reported persistent neck and bilateral shoulder pain. Physical examination revealed tenderness to palpation of the suboccipital region and scalene muscles, muscle guarding in the left trapezius, limited cervical range of motion, positive compression testing, positive distraction testing, tenderness to palpation at the subacromial space and AC joint, limited shoulder range of motion bilaterally, and positive supraspinatus testing bilaterally. The injured worker also demonstrated diminished sensation in the C5 through T1 dermatomes and decreased strength in the bilateral upper extremities. Treatment recommendations at that time included physical and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 18 ADDITIONAL AQUATIC THERAPY SESSIONS FOR CERVICAL 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 Page(s): 22, 98-99.

Decision rationale: The California MTUS Guidelines state that aquatic therapy is recommended as an alternative form of exercise therapy, where available, as an alternative to land-based physical therapy. There is no indication that this injured worker requires reduced weight-bearing as opposed to land-based physical therapy. Additionally, the MTUS states that physical medicine treatment for myalgia and myositis includes 9-10 visits over 8 weeks. The current request for 18 sessions of additional aquatic therapy exceeds guideline recommendations. There is also no objective evidence of an improvement following an initial course of aquatic therapy that would warrant the need for additional treatment. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

PROSPECTIVE REQUEST FOR 18 ADDITIONAL AQUATIC THERAPY SESSIONS FOR LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: The California MTUS Guidelines state that aquatic therapy is recommended as an alternative form of exercise therapy, where available, as an alternative to land-based physical therapy. There is no indication that this injured worker requires reduced weight-bearing as opposed to land-based physical therapy. Additionally, the MTUS states that physical medicine treatment for myalgia and myositis includes 9-10 visits over 8 weeks. The current request for 18 sessions of additional aquatic therapy exceeds guideline recommendations. There is also no objective evidence of an improvement following an initial course of aquatic therapy that would warrant the need for additional treatment. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.