

Case Number:	CM14-0000914		
Date Assigned:	01/17/2014	Date of Injury:	08/26/2003
Decision Date:	08/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 58 year old female with an initial date of injury of 10/15/09. She was evaluated on 4/3/13 for right shoulder pain and low back pain with left leg radicular symptoms. A physical examination demonstrated reduced range of motion of the left shoulder and lumbar spine as well as hypertonicity of the lumbar paravertebral muscles. Diagnoses included cervical and lumbar spine disc lesion and strain, right sided carpal tunnel syndrome, lateral epicondylitis, bilateral shoulder strain and impingement, left knee sprain and symptoms associated with anxiety, depression and insomnia. Plan included physiotherapy 2-3 x/week for 6 weeks and medications, including Ultram, Anaprox and Prilosec. The injured worker was also evaluated on 12/4/13 for similar complaints of left shoulder pain and neck with upper arm radicular symptoms. Physical examination showed reduced range of motion of the cervical spine and left shoulder. The plan included aqua therapy 3x/week for 6 weeks and medications, including naproxen and Norco. The request for aquatic therapy was initially denied based on the fact that aquatic therapy is an optional form of therapy per Medical Treatment Utilization Schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY THREE (3) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) 8 C.C.R. 9792.20 9792.26 Page(s): 22.

Decision rationale: The injured worker's date of injury is 10/15/09 and documentation regarding the mechanism of injury is not provided for review. The injured worker has multiple diagnoses including lumbar and cervical spine strain/strain and shoulder pain with impingement. Per the treating physician notes dated 12/4/13 the injured worker was prescribed aquatic therapy for left shoulder and neck pain. Subsequent documentation dated 4/3/13 indicated that the injured worker was also prescribed physical therapy for shoulder and low back pain. Aquatic therapy is indicated when an injured worker cannot tolerate or has failed conventional physical therapy due to conditions that prevent or impair the injured worker from effectively participating in physical therapy, including inability to bear weight on joint(s) or significant weakness. There is no documentation indicating that the injured worker cannot participate in a conventional physical therapy program and her diagnoses do not necessitate aquatic therapy. Therefore, the request for aquatic therapy is not medically necessary.