

Case Number:	CM14-0001226		
Date Assigned:	01/22/2014	Date of Injury:	05/18/2011
Decision Date:	06/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/03/2014

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 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 32 year old male who reported an injury on 05/18/2011; the mechanism of injury was not provided within the medical records provided. The clinical note dated 12/19/2013 noted the injured worker reported left shoulder and elbow pain rated 5-8/10. The physical exam noted the injured worker limited range of motion in the cervical spine and restricted range of motion in the left shoulder with palpable tenderness along the left medial aspect of the epicondyle. The prescribed medication list included Tramadol and Naproxen. The request for authorization was not provided within the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY EXERCISE DAILY FOR THE LEFT UPPER EXTREMITY:

Upheld

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

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

Decision rationale: The CA MTUS guidelines recommend physical therapy for neuralgia, neuritis, and radiculitis be limited to 8-10 visits over 4 weeks. In addition, there overall goal of

physical therapy is to restore functional deficits. Moreover, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The injured worker did not have a properly documented functional deficit or a rationale that suggested land based therapy was not recommended. In addition, the request does not include a duration for the proposed therapy. Hence, the request is not medically necessary.