

Case Number:	CM14-0002207		
Date Assigned:	01/24/2014	Date of Injury:	03/10/2003
Decision Date:	03/25/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

The patient is a 65 year old female who reported an injury on 3/10/03. The mechanism of injury is not specifically stated. The patient is currently diagnosed with disorder of bursa of shoulder region, sprain of shoulder rotator cuff, degeneration of intervertebral disc, acquired trigger finger, subacromial bursitis, carpal tunnel syndrome, localized primary osteoarthritis of the hand, closed fracture of the lumbar vertebrae, synovitis/tenosynovitis in the hand, spasm, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, neuralgia, and lesion of the ulnar nerve. The patient was seen by [REDACTED] on 11/18/13. The patient reported persistent pain in the lower back. Physical examination revealed tenderness in the greater tuberosity, tenderness of the subacromial bursa and glenohumeral joint region, decreased shoulder range of motion, positive Neer's and Hawkins' testing, positive O'Brien's testing, and 4/5 strength. The patient also demonstrated decreased sensation of the radial forearm, thumb, and index finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for one year of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. As per the documentation submitted, the patient has previously participated in aquatic therapy. However, there is no documentation of the previous course of treatment with total treatment duration and efficacy. The patient continues to report lower back pain, despite ongoing therapy. There is also no indication of the need for reduced weight-bearing as opposed to land-based physical therapy. Additionally, the current request for aquatic therapy for one year is excessive in nature, as the patient's response to treatment would require re-assessment. Based on the clinical information received, the request is non-certified.