

Case Number:	CM14-0005734		
Date Assigned:	02/05/2014	Date of Injury:	03/01/2013
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery 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:

This is 28-year-old female with a 3/01/13 date of injury. The patient was employed as a laborer and injured herself with heavy lifting. The patient was most recently seen on 1/3/14 where she complained of neck pain, 2/10, as well as low back pain, 6/10. The patient also complaints of right shoulder pain, 6/10 and right wrist pain with associate tingling and numbness, 6/10. Exam findings revealed tenderness to palpation and decreased range of motion of the cervical spine, right shoulder, and painful range of motion of the left elbow and right wrist. Hawkins sign is positive. Tinels sign is normal, but Phalens sign causes pain. Treatment to date: Acupuncture (just finished as of November 2013), chiropractic therapy A UR decision dated 12/27/13 denied the request given there is no documentation that states why the patient cannot tolerate land-based therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR THE CERVICAL SPINE, LUMBAR SPINE, FOR THE BILATERAL SHOULDERS AND RIGHT WRIST- 12 VISITS (2X/WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, , 22

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. There is no indication that the patient was not able to perform land based therapy, and no rationale given for why the patient required aqua therapy. Therefore, the request for aqua therapy was not medically necessary.