

Case Number:	CM14-0009575		
Date Assigned:	02/14/2014	Date of Injury:	12/04/2008
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/24/2014

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 Mississippi. 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 records reviewed indicate that this 42-year-old individual was injured on September 13, 2009. In addition to conservative measures, chiropractic care has been included to address the noted diagnosis of cervicalgia, carpal tunnel syndrome and a shoulder strain. Past treatment has included a right shoulder arthroscopy completed in January, 2011, which failed to identify any evidence of a rotator cuff tear. Plain radiographs of the cervical spine noted degenerative changes and plain films of the shoulder identified a normal study. A glenoid cyst is also identified on imaging studies. Repeat MRI had been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

Decision rationale: This device is not recommended as an isolated intervention and there was no noted trial to suggest the efficacy of the use. Furthermore, when considering the date of injury,

the ongoing complaints, and the lack of any improvement, utility, or achievement of improved a tibiotalar living, there is insufficient clinical data presented to support this request.

ONE (1) YEAR SELF DIRECTED AQUATIC THERAPY PROGRAM: Upheld

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

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

Decision rationale: The need for aquatic therapy is only if land-based therapy has no noted utility or efficacy. Furthermore, there is no discussion as to why the effects of gravity need to be minimized. Lastly, unsupervised aquatic therapy has no noted indication as is not clear if the appropriate parameters of regular exercise are being met. Based on the data presented, this request is not medically necessary.