

Case Number:	CM14-0120819		
Date Assigned:	08/06/2014	Date of Injury:	08/23/2010
Decision Date:	09/11/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/31/2014

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 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:

56 year old woman who injured her left shoulder, knee and back on 8/23/2010. There is no record of prior treatments to the patient. Physical exam was significant for restricted ROM in the thoracic and lumbar spine, left shoulder and knee, and positive left McMurray's and Apley's tests. Diagnoses: 1. Left knee meniscal tear s/p arthroscopy 2. chronic myofascial pain syndrome 3. Left shoulder impingement/ tendinosis 4. Bilateral L5/S1 radiculopathy Request for aquatic therapy was requested and denied on 6/27/2014 because there was no documentation of functional gains from previous aquatic therapy. Request for aqua therapy was modified on 7/22/2014 to 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the lumbar spine 2 times per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic therapy.

Decision rationale: The patient already has aquatic therapy 2 times per week for 3 weeks approved. UR approved this with very little support from the physician's progress note. The

6/27/2014 note that was reviewed was not provided. The request reviewed here is for 2 times per week for 6 weeks of aquatic therapy. This amount exceeds the amount allowed by the CA MTUS. For this reason only, the request is not medically necessary.