

Case Number:	CM14-0152951		
Date Assigned:	09/23/2014	Date of Injury:	03/25/2010
Decision Date:	11/28/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck, low back, and bilateral shoulder pain reportedly associated with an industrial injury of March 25, 2010. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; psychological counseling; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 21, 2014, the claims administrator denied a request for 12 sessions of aquatic therapy for multiple body parts. In a progress note dated June 30, 2014, the applicant reported ongoing complaints of neck, low back, and bilateral shoulder pain with associated upper extremity paresthesia. The applicant was concurrently consulting a spine surgeon and psychiatrist, it was noted. The applicant was placed off of work, on total temporary disability, for an additional six weeks. The applicant's gait was not described. In a June 18, 2014, progress note, the applicant was again placed off of work, on total temporary disability, owing to multifocal neck, back, and bilateral shoulder pain complaints. The applicant's gait was not detailed or characterized on this occasion. In a June 12, 2014 spine surgery consultation, it was acknowledged that the applicant was not working and had last worked in July 2013. Multifocal neck, shoulder, low back, and leg pain complaints were noted with derivative complaints of depression, stress, and anxiety. The applicant was described as having a "normal gait," it was stated in one section of the note, and was reportedly ambulating without any assistive devices; it was stated in another section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Page(s): 22, 99.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. In this case, however, it has not been clearly established that reduced weight bearing is, in fact, desirable here. The applicant has been described as exhibiting normal gait on at least one office visit, referenced above. The applicant's gait was not characterized or described on several other office visits, also referenced above. It was further noted that the 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia's or myositis of various body parts, the issue reportedly present here. Therefore, the request is not medically necessary.