

Case Number:	CM14-0164327		
Date Assigned:	10/09/2014	Date of Injury:	07/02/2012
Decision Date:	12/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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:

The underlying date of injury in this case is 07/02/2012. The date of the utilization review under appeal is 09/17/2014. A PR-2 report of 09/04/2014 is handwritten and only partially legible. This form outlines the diagnoses of lumbar degenerative disc disease, lumbar facet syndrome, and cervical degenerative disc disease. The treatment plan includes physical therapy 2 times a week x6 weeks to the left shoulder. A chiropractic PR-2 form of 09/08/2014 reports the diagnoses of strain of the cervical, thoracic and lumbar regions, left shoulder, left elbow, as well as right knee meniscus tear and possible left knee internal derangement. That note states that 10 sessions of aquatic therapy were remaining and an orthopedic consultation report was pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3xwk x 4wks back, neck, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends to transition to an independent, active home rehabilitation program. This is a chronic injury which is over 2 years old. The records do not provide a rationale for additional supervised aquatic therapy, rather than independent rehabilitation in this timeframe. Overall, the records and guidelines do not support a rationale for the requested aquatic therapy. This request is not medically necessary.