

Case Number:	CM14-0165346		
Date Assigned:	10/10/2014	Date of Injury:	08/12/2013
Decision Date:	12/26/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 Internal 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 injured worker is a 58-year-old woman with a date of injury of August 12, 2013. She was receiving treatment for lumbar radiculopathy, contusion of hip, and anxiety disorder not otherwise specified. There were also subjective complaints of significant neck and right shoulder pain. The right shoulder pain radiated down her right arm. She reportedly does her own pool therapy however needs a course of guided aqua therapy. Objective findings show lumbar paravertebral tenderness, spasm is present, range of motion restricted; sensation is reduced and bilateral feet particularly bilateral S1 dermatome. The left hip is tentative palpation of the greater character; range of motion is decreased flexion and abduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of aqua therapy for the neck, right shoulder and right arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Aquatic Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions of aqua therapy for the neck, right shoulder and right arm are not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, were available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. In this case, there were no clinical progress notes or other documentation stating history, physical examination assessments and plan. The utilization review physician provided a summary of the records which indicated the injured worker is a 58-year-old woman with a date of injury of August 12, 2013. She was receiving treatment for lumbar radiculopathy, contusion of hip, and anxiety disorder not otherwise specified. There were also subjective complaints of significant neck and right shoulder pain. The right shoulder pain radiated down her right arm. She reportedly does her own pool therapy, however, needs a course of guided aqua therapy. Objective findings show lumbar paravertebral tenderness, spasm is present, range of motion restricted; sensation is reduced and bilateral feet particularly bilateral S1 dermatome. The left hip is tentative palpation of the greater character; range of motion is decreased flexion and abduction. The injured worker received 12 prior authorized sessions with therapy on February 28, 2014. She should be well-versed on pool exercises to continue at home. Additionally, the request is for neck, right shoulder and right arm with therapy sessions and these are all non-weight bearing regions. Consequently, 12 sessions of (additional) aqua therapy for the neck, right shoulder and right arm are not medically necessary.