

Case Number:	CM14-0022438		
Date Assigned:	05/12/2014	Date of Injury:	06/14/2012
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/23/2014

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 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 employee is a 62 year old female who sustained a work-related injury to her right shoulder on June 14, 2012, while she was lifting a patient. There is also a report of an additional injury dated June 12, 2012, while washing a patient with a washcloth in her left hand. Previous treatment includes a total of 12 visits of physical therapy for the neck and shoulders. It is unclear what improvement was realized from previous therapy. The injured employee was most recently seen on February 3, 2014, and complained of bilateral shoulder pain. Physical examination on this date noted tenderness along the cervical spine and at the right shoulder. Treatment plans included left shoulder x-rays, home exercise, and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (AQUA THERAPY) X6 - NECK,BILATERAL WRIST ,HAND AND SHOULDER: Upheld

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

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

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend aquatic therapy as an alternative to land-based therapy. Aquatic therapy also has the advantage of eliminating gravity. So, it is particularly beneficial when reduced weight-bearing is desired, particularly for those with obesity. As the injured employee has already completed 12 visits of physical therapy and is currently participating in a home exercise program, it is unclear what additional benefit could be realized with aquatic therapy. This is additionally unclear as the therapy mentioned is for the neck, shoulder, hands, and wrists which would clearly not benefit from the decreased weight-bearing and buoyancy offered with aquatic versus land-based therapy as the shoulders and neck would be out of the water and the shoulders, neck, wrists, and hands are not weight-bearing structures. For these reasons, this request for aquatic therapy is not medically necessary.