

Case Number:	CM14-0028907		
Date Assigned:	06/16/2014	Date of Injury:	01/20/2004
Decision Date:	07/23/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/06/2014

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 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:

Patient is a 46 year-old male with date of injury 01/20/2004. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 2/06/2014, lists subjective complaints as pain in the right shoulder. Objective findings: Examination of the right shoulder revealed decreased flexion, extension and abduction, but no tenderness to palpation. Neurological examination of the right arm was notable for numbness and tingling. Diagnosis: 1. Chronic pain 2. Back pain 3. Shoulder pain. The medical records available for review document that the patient had previously undergone 15 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58.

Decision rationale: Therapeutic physical therapy for the low back is recommended as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks.

There is no documentation of objective functional improvement. The request for Aquatic Therapy for the Back is not medically necessary.