

Case Number:	CM14-0039410		
Date Assigned:	06/27/2014	Date of Injury:	06/20/2008
Decision Date:	09/23/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/03/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 56 year old male with a work injury dated 6/20/08. The diagnoses include neck pain; double crush syndrome; bilateral shoulder impingement syndrome; lumbar discopathy; C3 to C7 anterior cervical discectomy/cervical total disc replacement/anterior cervical discectomy and fusion (date unknown). The patient is status post R shoulder diagnostic arthroscopy, subacromial decompression and acromioplasty, resection of coracoacromial ligament, subacromial and sub deltoid bursectomy, glenohumeral, synovectomy/chondroplasty/debridement, Mumford procedure, debridement of labrum and labral fraying, debridement of partial rotator cuff tear and insertion of pain pump (extra-articular) on 7/26/13. Under consideration is a request for aquatic therapy 2 times a week for 4 weeks. There is a primary treating physician report dated 5/6/13 that states that the patient has persistent pain of the neck that is aggravated by repetitive motions and prolonged positioning of the neck, pushing, pulling, forward reaching, working at or above the shoulder level, and lifting. The patient has low back pain. On physical exam of the cervical spine reveals tenderness at the cervical paravertebral muscles. There is a well-healed anterior scar. There is pain with terminal motion. Physical examination of the lumbar spine reveals tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5-S1 dermatome. There is a request for a course of aquatic therapy, two times per week for the next four weeks, for his lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine , aquatic therapy Page(s): 98-99, 22.

Decision rationale: Aquatic therapy 2 times a week for 4 weeks is not medically necessary per the MTUS Guidelines. The documentation does not reveal evidence as to why the patient cannot have land based therapy. The request does not indicate which body part the therapy is for. The patient had an injury in 2008. It is unclear from the documentation how much therapy he has had for various body parts injured and the outcome of this therapy. Without this information the request for aquatic therapy 2 times a week for 4 weeks is not medically necessary.