

Case Number:	CM14-0047161		
Date Assigned:	07/02/2014	Date of Injury:	07/08/2013
Decision Date:	08/20/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/15/2014

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 Geriatrics and is licensed to practice in New York. 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 53 year old man with a date of injury of 7/8/13. He was seen by his primary treating physician on 3/19/14. He had complaints of aching and pain in his cervical spine and left shoulder and lumbar spine soreness, stiffness and pain. His physical exam showed 'painful range of motion of the left shoulder'. His diagnoses included calcific tendinitis of the left shoulder, cerebral contusion, musculoligamentous sprain lumbar spine. He was said to have had only 4 sessions of land therapy with no benefit so the provider was requesting 12 sessions of pool therapy which is at issue in this review. His most recent physical therapy session was on 12/3/13 and the note indicates that he was feeling 'a little better' and that he has been doing the exercises and he did feel they were helping. He was reminded of compliance with his home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 2 times a week for 3 weeks lumbar spine and left 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 9792.20 - 9792.26 Page(s): 22.

Decision rationale: Aquatic therapy is in question for this injured worker for his chronic back and shoulder pain. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. In this case, the records do not justify why aquatic therapy is indicated over completing further land based therapy. The physical therapy notes indicate he was improving and a home exercise program was in place. Therefore aquatic therapy is not medically justified.