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| Case Number: | CM14-0050768 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 10/14/2009 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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 and is licensed to practice in Illinois. 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 34-year-old male who reported an injury on 10/01/2012. The mechanism of injury was not provided for the clinical review. The diagnoses included cervical herniated nucleus pulposus, right shoulder superior labral tear from anterior to posterior (SLAP) lesion postoperative, status post repair of the right SLAP, lumbar sprain/strain chronic, sprain/strain of the hips bilaterally, anxiety, depression, insomnia, gastroesophageal reflux disease, status post arthroscopic subacromial decompression, adhesive capsulitis of the right shoulder and right knee anterior pain. Previous treatments included x-rays, medications and epidural steroid injections as well as pool therapy. Within the clinical note dated 03/18/2014, it was reported that the injured worker complained of pain in the right shoulder. He complained that he had a sharp with popping feeling while swimming. The injured worker complained of severe pain in the right shoulder, but is now developing pain in the left shoulder. He complained of severe neck pain. The injured worker complained of low back pain, which he described as severe with numbness and tingling in his legs. The injured worker complained of severe right knee pain with severe right ankle and foot pain due to the fracture of the medial sesamoid on the right. The injured worker reported completing 18 sessions of pool therapy. On the physical examination, the provider noted tenderness on the anterior area of the shoulder. It was indicated that the injured worker had a positive impingement test. The provider noted that the range of motion of the shoulder was flexion at 130 degrees. The provider requested for additional pool therapy. However, the rationale was not provided for the clinical review. The request for authorization was submitted, but not signed or dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy X 18: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker complained of pain to his right shoulder. He reported severe pain in his right shoulder and is now developing pain in his left shoulder. The injured worker complained of severe pain in his neck and low back. He described his low back pain as severe with numbness and tingling in his legs. The injured worker reported severe right knee pain with severe right ankle and foot pain due to a fractured medial sesamoid on the right. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy, including swimming, can minimize the effects of gravity, so it is especially recommended where reduced weight bearing is desirable, for example, in extreme obesity. The guidelines note that for neuralgia or myalgia, 8 to 10 visits over 4 weeks. There is a lack of documentation indicating that the injured worker has tried and failed or is unable to perform land-based physical therapy. There is a lack of documentation indicating that the injured worker is treated for or diagnosed with extreme obesity requiring reduced weight bearing. Additionally, the number of sessions requested exceeds the guideline recommendations of 8 to 10. In addition, the request submitted does not specify a treatment site. Therefore, the request for 18 aquatic therapy sessions is not medically necessary.