

Case Number:	CM14-0056436		
Date Assigned:	07/09/2014	Date of Injury:	12/09/2006
Decision Date:	09/17/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 24-year-old female whose date of injury is 12/09/2006. On this date shoe boxes fell on the injured worker's right arm. Treatment to date includes stellate ganglion block on 02/15/13, medication management, aquatic therapy and home exercise program. Office visit note dated 06/18/14 indicates that the injured worker reports chronic and constant right upper extremity pain for a period of many years. On physical examination range of motion is full with pain. Strength is 4+/5 in right upper extremity flexors and extensors. There is numbness in the right hand and fingers. The injured worker was recommended to continue a home exercise program. Diagnosis is chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Aquatherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines support aquatic therapy when reduced weight bearing is desirable. It is unclear why reduced weight

bearing is desirable for the right upper extremity. There are no specific, time-limited treatment goals provided. The injured worker's objective, functional response to therapy is not documented to establish efficacy of treatment and support additional sessions. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Based on the clinical information provided, the request for 6 Aquatherapy visits is not recommended as medically necessary.