

Case Number:	CM14-0065191		
Date Assigned:	07/11/2014	Date of Injury:	06/03/2013
Decision Date:	09/18/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/08/2014

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:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, elbow pain, neck pain, shoulder pain, myofascial pain syndrome, anxiety, and depression reportedly associated with an industrial injury of June 3, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of physical therapy over the course of claim. In a Utilization Review Report dated April 7, 2014, the claims administrator denied a request for 12 sessions of aquatic therapy. The injured worker's attorney subsequently appealed. In a December 23, 2013 progress note, the injured worker presented with persistent complaints of left knee and left shoulder pain. The injured worker had had 12 sessions of physical therapy and six sessions of acupuncture, it was stated. The injured worker did have some evidence of internal derangement of the knee and mild knee arthritis. The injured worker did state that prolonged standing and prolonged weightbearing were difficult. The injured worker's gait was not described. The injured worker was given work restrictions, which resulted in her removal from the workplace. In a February 17, 2014 progress note, the injured worker presented with issues associated with bilateral shoulder pain, myofascial pain syndrome, ulnar neuropathy, knee pain, and bilateral carpal tunnel syndrome. Severe depression was also noted. The injured worker was having difficulty enjoying life, and interacting with others, it was stated. Wrist braces, Naprosyn, Norco, and a 10-pound lifting limitation were endorsed. On February 6, 2014, 12 sessions of aquatic therapy, Naprosyn, and Norco were endorsed. The injured worker exhibited diminished grip strength about the hands and diminished sensorium about both the hands and feet. The injured worker stood 5 feet 2 inches tall and weighed 170 pounds, it was stated. On this occasion, it was stated that the injured worker's gait was normal. The injured worker exhibited a normal tandem gait. The injured

worker did have multiple myofascial tender points. It was acknowledged that the injured worker had been off of work, on total temporary disability, since September 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy two (2) times a week for six (6) weeks to the left shoulder and left knee:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99.

Decision rationale: While MTUS Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy in injured workers in whom reduced weightbearing is desirable, in this case however, there is no evidence to support the contention that reduced weight-bearing is desirable. It is noted that the injured worker does not use a cane, crutch, walker, or other assistive device to ambulate. Finally, the 12-session course of treatment proposed represents treatment in excess of the 9- to 10-session course recommended within the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. For the stated reasons the request is not medically necessary.