

Case Number:	CM14-0069204		
Date Assigned:	07/14/2014	Date of Injury:	11/13/2007
Decision Date:	09/17/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/14/2014

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:

Patient is a 59 year-old female with date of injury 11/13/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/23/2014, lists subjective complaints as pain in neck with radicular symptoms to the upper extremities and pain in the low back. Objective findings: Examination of the cervical spine, lumbar spine, right shoulder, and right knee were positive for spasm, tenderness to palpation, and decreased range of motion. PR-2 was handwritten and illegible. Diagnosis: 1. Cervical strain/sprain 2. Shoulder strain/sprain 3. Elbow strain/sprain. Patient underwent right shoulder surgery on 08/17/2008 and 12/16/2009, and lateral epicondylar release on 03/30/2009. The patient received a total of 24 sessions of postoperative physical therapy at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two times a week for six 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 9792.20 - 9792.26 Page(s): 22,58.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of therapy. During the previous therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. As such, the request is not medically necessary.