

Case Number:	CM14-0076729		
Date Assigned:	07/18/2014	Date of Injury:	05/05/2009
Decision Date:	09/17/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 and Rehabilitation 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 59-year-old female who reported an injury on 05/05/2009 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to multiple body parts to include her bilateral shoulders. The injured worker's the included physical therapy, shockwave therapy, and multiple medications. The injured worker was evaluated on 04/30/2014. Physical findings included tenderness to palpation to the right lateral shoulder, right thumb, right long tip, and right small finger with diminished sensation. The injured worker's diagnoses included cervical spine disc rupture, thoracic spine disc bulging, failed right shoulder surgery, left shoulder strain, and other problems unrelated to the current evaluation. The request was made for 6 visits of aquatic therapy to the bilateral shoulders. No justification for the request was provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 6 visits, bilateral shoulders: 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 requested Aqua therapy 6 visits, bilateral shoulders is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends aquatic therapy for injured workers who require a non-weight bearing environment to participate in active therapy. The clinical documentation submitted for review does not provide any justification of why a non-weight bearing environment would be more appropriate for the injured worker than a traditional land-based type of therapy. Furthermore, the clinical documentation indicates that the injured worker has previously participated in physical therapy. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does not provide any evidence that the patient is participating in a home exercise program. Therefore, aquatic therapy would not be indicated in this clinical situation. As such, the requested Aqua therapy 6 visits, bilateral shoulders is not medically necessary or appropriate.