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| Case Number: | CM14-0080183 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 07/17/2012 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 05/13/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 Internal Medicine and is licensed to practice in California and 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 32-year-old male who reported an injury on 07/17/2012, reportedly while he was lifting boxes overhead containing clothes, weighing approximately 50 to 70 pounds, when he experienced a painful pull in his left shoulder. The treatment history included x-rays, 12 sessions of electrical muscle stimulation (EMS) therapy, medications, and injections. It was documented that 12 sessions of EMS therapy was no benefit noted, stated by the injured worker. The injured worker was evaluated on 02/07/2014, and it was documented that the injured worker complained of left shoulder pain rated at 5/10 to 6/10 on the pain scale. The injured worker stated he had a popping and clicking sensation in his left shoulder. The findings of the left shoulder reveal range of motion was decreased. There was a +3 tenderness to palpation of the anterior shoulder and acromioclavicular joint. Neer's and Hawkins caused pain. Supraspinatus press caused pain. At the inguinal hernia there was a +2 tenderness at the left inguinal region. Diagnoses included left shoulder sprain/strain, left shoulder impingement syndrome, left shoulder focal lesion, and inguinal hernia. A Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 24.

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

Decision rationale: The request for aquatic therapy two times eight is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. There was lack of documentation on the injured worker's outcome of conservative care such as home exercise regimen. Furthermore, the documentation lacked the injured worker long-term goal for functional improvement. The request submitted for the review failed to include body location where aquatic therapy is required for the injured worker. Additionally, the documentation submitted documented that the injured worker had a course of physical therapy with partial benefits noted, and subsequently he received treatment with acupuncture treatment with no benefits noted. As such, the request for aquatic therapy two times eight is not medically necessary.