

Case Number:	CM14-0093858		
Date Assigned:	07/25/2014	Date of Injury:	01/11/2011
Decision Date:	09/25/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 Nevada. 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 records presented for review indicate that this 59 year old female was reportedly injured on 1/11/2011. The mechanism of injury is a fall. The most recent progress note, dated 5/8/2014. Indicates that there are ongoing complaints of chronic neck and upper back pain. The physical examination demonstrated cervical and thoracic spine were slightly restricted in all planes, multiple myofascial trigger points and tight bands noted throughout the cervical paraspinal, trapezius, scapula, scalene, and infraspinatus muscles, range of motion of the left shoulder was slightly restricted in all directions, romberg sign was positive, able to perform tandem gait with eyes open, but could not perform tandem gait with eyes closed, and positive Tinnel's bilaterally at the wrist. No recent diagnostic studies are available for review. Previous treatment includes trigger point injections, medications, nerve blocks, and conservative treatment. A request was made for aquatic therapy six visits and was not certified in the preauthorization process on 6/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy exercises for the left shoulder, cervical spine and thoracic spine, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) supports aquatic therapy as an alternative to land based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records, fails to document why the claimant is unable to participate in land based physical therapy. As such, the request is not considered medically necessary.