

Case Number:	CM14-0094752		
Date Assigned:	09/12/2014	Date of Injury:	07/17/2007
Decision Date:	10/31/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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 41 year old female with a date of injury of July 17, 2007. The exact mechanism of injury was not specified. She was diagnosed with (a) reactive depression; (b) chronic pain syndrome; (c) myofascial pain in the neck and upper back; (d) repetitive strain injury affecting bilateral upper extremities; and (e) right shoulder pain with supraspinatus tendinosis, status post right shoulder arthroscopic surgery. In the most recent progress note dated May 15, 2014, it was indicated that her left shoulder pain was around 50% better but was still painful. It seemed to have worsened these past few months. She stated that she has been taking Topamax, but it caused her to have dry mouth and drowsiness. It was also indicated that she felt that her neck pain was better managed when she was regularly swimming. She complained of significant pain in the neck which radiated to the upper back which was slightly worse on the right than on the left. The pain was noted to radiate from the right arm into the right ventral as well as dorsal aspect of the wrist and occasionally into the right third and fourth digits. It was also reported that she has pain which radiated down to the left posterior arm, into the left lateral forearm and into the thumb without frank weakness. There were also complaints of numbness and tingling sensation in the bilateral upper extremities. The physical examination revealed that she was significantly depressed and appeared drowsy. On examination of the cervical spine, tenderness was noted over the posterior cervical paraspinal muscles. It was slightly worse on the right than on the left. Guarding was also noted in the left upper trapezius. Range of motion was limited in all planes. Motor strength was at 4/5 for left wrist adduction and sensation to light touch was reduced in the left C6, C7 and C8 dermatomes. On examination of the left shoulder, tenderness was noted over the acromioclavicular joint, range of motion was limited in all planes and impingement was positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months pool membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): Page 22 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Neck and Upper Back, Physical Therapy

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

Decision rationale: The request for a six months pool membership is not medically necessary at this time. As per the California Medical Utilization Treatment Schedule, aquatic therapy is particularly recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy and for those with extreme obesity. From the medical records reviewed, it has been determined that the injured worker has been provided with physical therapy with minimal benefits and was currently performing a home exercise program to continue with her improvement. There was also no indication why the injured worker could not participate in a land-based therapy and there were no significant functional deficits documented to substantiate the request for any water-based therapy. Additionally, it was indicated in the progress note dated February 3, 2014 that she finds it difficult to swim due to her worsening left shoulder pain. Therefore, the six months pool membership could be more harmful than helpful to her current physical condition. Thus, it can be concluded that the medical necessity of the requested six months pool membership is not established.