

Case Number:	CM14-0111299		
Date Assigned:	08/01/2014	Date of Injury:	10/24/2011
Decision Date:	01/27/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/16/2014

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 Orthopedic Surgery, has a subspecialty in ENTER SUBSPECIALTY 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:

This is a 50-year-old male with a 10/24/11 date of injury. The injury occurred as a result of repetitive motion. The most recent reports provided for review consisted mostly of check-off lists without any significant explanations or details. According to the progress report dated 5/28/14, the patient indicated that he had pain in his neck, upper and lower back, bilateral shoulders/arms, bilateral elbows, right wrist/hand, bilateral hips, bilateral knees, and bilateral ankle/feet. It is noted that an internal medicine consult in 10/2013 indicated that the patient had dyspnea and obesity. There were no specific physical examination findings provided for review. Diagnostic impression: cervical/thoracic/lumbar spine disc bulges, bilateral shoulders internal derangement, bilateral elbow strain, bilateral carpal tunnel syndrome, bilateral hip strain, bilateral knee strain, and bilateral ankle/foot strain. Treatment to date: medication management, activity modification, right shoulder surgery on 1/29/14. A UR decision dated 6/13/14 denied the request for aqua therapy. There is no documentation of how many sessions, if any, were attended of previous physical therapy (land/aqua). If the claimant did have previous aqua therapy/physical therapy, there is no documentation of its functional impact and/or its impact on pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Aqua Therapy Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In the present case, it is noted that he is obese, however, there is no discussion regarding how this would prevent him from tolerating land-based physical therapy. There is no documentation that this patient requires reduced weight-bearing activities. In addition, there is no documentation of specific musculoskeletal impairments that would prevent performance of a land-based program. A specific rationale identifying why the patient requires aquatic therapy as opposed to land-based physical therapy was not provided. Therefore, the request for Aqua Therapy 2 times a week for 6 weeks is not medically necessary.