

Case Number:	CM14-0166583		
Date Assigned:	10/13/2014	Date of Injury:	09/07/2012
Decision Date:	05/19/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 36-year-old female, who sustained an industrial injury on 09/07/2012. She has reported subsequent neck and shoulder pain and was diagnosed with cervicgia and disorders of bursae and tendons in shoulder region. Treatment to date has included oral and topical pain medication, acupuncture and physical therapy. In a progress note dated 07/09/2014, the injured worker complained of neck, upper back, right shoulder, right elbow and right hand pain. Objective findings were notable for tenderness to palpation of the right cervical paraspinal muscles, superior trapezius and cervical facets, positive Spurling's maneuver on the right, tenderness along the cervical spine and shoulder and positive crossed arm adduction test. A request for authorization of 12 sessions of aqua therapy for the right shoulder and neck was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy (2 times a week for 6 weeks for the right shoulder and neck): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 53.

Decision rationale: According to guidelines, it states aquatic therapy is an option when land therapy is not recommended. There is no indication based on the patient's medical records that any home exercise program has started or helped and furthermore the patient has had physical therapy done with no mention of improvement or not. Therefore, the request is not medically necessary.