

Case Number:	CM14-0178910		
Date Assigned:	11/03/2014	Date of Injury:	06/30/1999
Decision Date:	01/05/2015	UR Denial Date:	10/19/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine 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:

53 year old female claimant sustained a work injury on 6/30/99 involving the shoulders and neck. She was diagnosed with cervical disk disease and had undergone cervical fusion in 2011. She underwent arthroscopic surgery of the left shoulder in 2011. A progress note on 10/7/14 indicated the claimant had 6/10 right shoulder pain and neck pain. Exam findings were notable for decreased range of motion of the neck and left shoulder. The physician requested Norco for pain and aquatic therapy for the neck and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic Therapy Sessions for the Shoulder and Cervical Spine 2x4: 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 Aquatic Therapy Page(s): 22.

Decision rationale: According to the guidelines, aquatic therapy is recommended as an optional form of exercise to land based therapy to minimize effects of gravity. In this case, there was no indication that therapy or exercises cannot be completed at home or land based situation. As a

result, the request for 8 Aquatic Therapy Sessions for the Shoulder and Cervical Spine is not medically necessary.