

Case Number:	CM14-0187970		
Date Assigned:	01/07/2015	Date of Injury:	05/17/2011
Decision Date:	04/01/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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: North Carolina, Georgia
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 60 year old female injured worker suffered and industrial injury on 5/17/2011. The diagnoses were cervical musculoligamentous injury, cervical muscle spasm, and right carpal tunnel. The diagnostic studies were right shoulder magnetic resonance imaging. The treatments were physical therapy, right shoulder arthroscopy, right carpal tunnel release, chiropractic therapy, home exercise program medications and acupuncture. The treating provider reported constant moderate sharp pain in the low back with numbness radiating to the bilateral lower extremities. The injured worker reported weakness and numbness to the right wrist. There was decreased range of motion to the cervical spine and tenderness to the lumbar spine. The Utilization Review Determination on 10/28/2014 non-certified 18 sessions of aquatic therapy for the cervical spine, right shoulder and right elbow, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of aquatic therapy for the cervical spine, right shoulder and right elbow:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. Such sessions have the same requirements for fading frequency and progression to self-directed exercise program as do land based therapies. The claimant has completed multiple physical therapy sessions in the past 12 months and there is no documentation of expected benefits of ongoing therapy. Furthermore, the medical records in this case document no intolerance of land-based physical therapy. Aquatic therapy is not medically indicated and the original UR decision is upheld.