

Case Number:	CM14-0189582		
Date Assigned:	11/20/2014	Date of Injury:	03/26/2002
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/13/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 injured worker is a 58 year-old female employee with date of injury of 3/26/2002. A review of the medical records indicate that the injured worker is undergoing treatment for rotator cuff sprains and strains, radial styloid tenosynovitis, cervicobrachial syndrome, other specified disorder of rotator cuff, other general symptom, ulnar nerve lesion, carpal tunnel syndrome, and chronic pain syndrome. Subjective complaints include persistent pain in left elbow and numbness in left hand; severe pain in digit 2 and thumb of left hand without specific triggers. Objective findings include multiple myofascial trigger points on spine, exam of left shoulder reveals restricted movement with abduction limited to 170 due to pain; tenderness to palpation in the trapezius. Limited range of motion for neck and shoulder. Treatment has included sleeves and hot packs to neck, acupuncture, and trigger point injections. Medications have included Nexium, Tramadol, Lidocaine ointment, Fexmid, Gabapentin, Omeprazole, and Ketoprofen. The prior utilization review dated 10/31/2014 non-certified the request for 6 Sessions of Aquatic Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Aquatic Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy and MD Guidelines, Aquatic Therapy

Decision rationale: California MTUS guidelines state that "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP". The medical documents provided do not indicate any concerns that injured worker was extremely obese nor do they report "severe degenerative joint disease". The medical documents provided do not mention a trial and failure of any physical therapy. Additionally, medical documents do not detail a reason why the injured worker is unable to effectively participate in weight-bearing physical activities. As such, the request for 6 Sessions of Aquatic Therapy is not medically necessary.