

Case Number:	CM14-0200530		
Date Assigned:	12/10/2014	Date of Injury:	08/30/2013
Decision Date:	01/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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:

The injured worker (IW) is a 67-year-old woman with a date of injury of August 30, 2013. The mechanism of injury occurred as a result of repetitive motion. The IW has been diagnosed with cervical spine degenerative disc disease at C5-C6, and C6-C7 with symptoms of upper left extremity radiculitis; left shoulder status post arthroscopic subacromial decompression on May 21, 2014; left elbow lateral epicondylitis; and left wrist sprain/strain. Pursuant to the progress noted dated October 22, 2014, the IW is still doing physical therapy. The IW has persistent weakness in the left arm, especially when lifting groceries or doing light housework. Burning is noted over the outer left upper arm and outer lower left arm. Objective physical findings revealed tenderness to palpation with spasms of the left cervical spine and left trapezius as well as the medial left scapula. Spurling's and Hoffman's are negative. A progress note dated September 24, 2014 indicated therapy was helping the left wrist, but not helping the left elbow. According to documentation, the IW was certified for 12 sessions of physical therapy to the left shoulder, left wrist, and left elbow from 8/18/14 to 10/10/14. According to UR documentation, the IW has had 28 session of post-operative physical therapy. The current request is for 8 sessions of aquatic therapy (2 times a week X 4 weeks) to the cervical spine, left shoulder, elbow, and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x 4 for Cervical Spine, Left Shoulder/wrist/elbow/wrist: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Aquatic Therapy .

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times a week for four weeks to the cervical spine, left shoulder, wrist, elbow are not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. 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. See the Official Disability Guidelines for additional details. In this case, the injured workers working diagnoses are left shoulder rotator cuff tear/impingement syndrome; cervical spine sprain/strain; hypertension; chronic kidney disease; allergy to sulfur and erythromycin. The injured worker was receiving physical therapy to the left upper extremity, neck, wrist and elbow. The elbow did not receive any benefit from ongoing physical therapy. Aquatic therapy is recommended where reduced weight-bearing is desirable. The areas being treated are non-weight bearing joints. They include cervical spine, left shoulder, wrist, and elbow. Aquatic therapy will not provide any benefit over land-based physical therapy. Additionally, the treating physician and/or physical therapist did not state a specific clinical indication or rationale for aquatic therapy over and above land based therapy. Consequently, absent the appropriate clinical indications and clinical rationale for aquatic therapy, aquatic therapy two times a week for four weeks to the cervical spine, left shoulder, wrist, elbow are not medically necessary.