

Case Number:	CM14-0205115		
Date Assigned:	12/17/2014	Date of Injury:	03/13/2010
Decision Date:	02/11/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, low back, shoulder, elbow, and wrist pain reportedly associated with an industrial injury of March 13, 2010. In a Utilization Review Report dated November 11, 2014, the claims administrator failed to approve a request for aquatic therapy, referencing progress notes and RFA forms dated October 29, 2014, October 17, 2014, and September 15, 2014. The applicant's attorney subsequently appealed. In a June 3, 2014 progress note, the applicant reported persistent complaints of shoulder, neck, elbow, and wrist pain. The note was very difficult to follow. The applicant was having issues with mood and sleep disturbance, it was acknowledged. Acupuncture, electrical stimulation, massage therapy, and other passive modalities were sought. The applicant's work status was not furnished. In a June 9, 2014 progress note, the applicant reported 6-7/10 neck pain. On September 15, 2014, the applicant reported persistent complaints of shoulder pain status post earlier arthroscopic shoulder surgery on July 2, 2014. Additional physical therapy and Voltaren were endorsed for the shoulder. In a hand written note dated September 11, 2014, the applicant again reported issues with neck pain, shoulder pain, and elbow pain with associated sleep disturbance, irritability, and mood swings. The applicant's gait was not clearly described or characterized on this occasion. On September 20, 2014, the applicant was placed off of work, on total temporary disability, while functional capacity testing was pending. The applicant's gait was likewise not described or characterized on a chiropractic note of October 17, 2014. On October 29, 2014, the applicant's primary treating provider, a chiropractor, sought authorization for 12 sessions of aquatic therapy owing to multifocal complaints of neck pain, shoulder pain, elbow pain, wrist pain, anxiety, psychological stress, depression, and sleep disturbance. The applicant's gait, once again, was not clearly described or characterized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 6 visits for the cervical, lumbar, bilateral shoulders, left elbow and right wrist: 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 Aquatic Therapy topic. Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, there was/is no mention of reduced weight bearing being desirable here. The applicant's gait and ambulatory status were not clearly described or characterized on the October 29, 2014 chiropractic office visit on which the aquatic therapy at issue was sought. Several office visits, referenced above, throughout early 2014, likewise contained no references to the applicant's gait. It does not appear, thus, that reduced weight bearing is in fact desirable here. Therefore, the request is not medically necessary.