

Case Number:	CM14-0209439		
Date Assigned:	12/22/2014	Date of Injury:	10/17/2013
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in New Jersey. 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 is a 32 year-old male who was injured on 10/17/13 when he slipped on a tile floor, fell backwards, and landed on his back and left shoulder. He complains of sharp pain in his lower back radiating to right buttocks, right posterior thigh, right posterior knee, and right calf. On exam, he had normal gait, tender sacroiliac joint, no muscle spasms, and normal range of motion and muscle strength. A 8/2014 MRI showed small left paracentral disc bulge at L4-5 without central stenosis and minimal lateral recess, L5-S1 small right paracentral disc protrusion/extrusion that abuts the right S1 root but does not displace it. He had a SLAP tear in his shoulder which did not require surgery. The patient was diagnosed with left shoulder pain, lumbar spine strain, lumbosacral radiculopathy, and lumbar disc disease. Treatment included physical therapy, acupuncture, and medications. The current request is for 6 sessions of aquatic therapy for the left shoulder and low back which was non-certified by utilization review on 12/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x3 for the left shoulder and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

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

Decision rationale: The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. There is no documentation that the patient has physical findings requiring an alternative to land-based therapy. The patient is weight-bearing and able to ambulate. There is no documentation that the patient had failed land-based therapy. He had four sessions of physical therapy which was noted to have improved his strength. He should have been recommended to do home muscle-stretching exercises and at this point, the patient should be able to perform home exercises. The patient was not documented to be extremely obese, requiring reduction in weight-bearing exercises. Therefore, aquatic therapy is not medically necessary at this time.