

Case Number:	CM15-0003251		
Date Assigned:	01/14/2015	Date of Injury:	12/02/2013
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/07/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male who sustained an industrial injury reported on 12/2/2013. He has reported left shoulder pain with certain motions, and lumbar pain that is limiting function. The diagnoses have included left impingement syndrome; left bicipital tenosynovitis; left rotator cuff tear; and left fracture greater tuberosity humerus. Treatments to date have included consultations; laboratory and imaging studies; aquatic therapy; uncompleted physical therapy sessions; and medication management. The work status classification for this injured worker is noted to be back to work without restrictions. On 12/18/2014 Utilization Review non-certified, for medical necessity, the request for 8 sessions of deep tissue massage therapy, the Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, massage therapy, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with back pain that localizes to the midline of his lumbar spine without any lower extremity radiating symptoms. The current request is for 8 Aquatic Therapy Sessions. The treating physician states on 12/4/14 (21b) that the patient is continuing to have significant benefit from the aquatic therapy and would like to continue, as it seems to be the only conservative modality that controls his back pain symptoms. He continues that he would 'encourage him to continue with his exercises in a directed setting or in his own free time.' MTUS guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight bearing. In this case, no clinical history of extreme obesity or note of possible benefit from exercise with reduced weight bearing is included in the documentation. Additionally, MTUS only allows 8-10 sessions of aquatic therapy for the diagnoses of myalgia/myositis, the type of condition this patient suffers from. UR dated 12/18/14 indicates that the patient was authorized for 6 aquatic therapy sessions in August 2014. The remaining clinical history provided does not specify the number for aquatic sessions that have been completed to date nor the objective functional improvements obtained from those sessions. The request for 8 additional sessions based upon the prior 6 sessions would exceed MTUS guidelines. Therefore, the current request is not medically necessary and the recommendation is for denial.