

Case Number:	CM15-0005782		
Date Assigned:	01/20/2015	Date of Injury:	04/23/2013
Decision Date:	04/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 42-year-old female, who sustained an industrial injury on 04/23/2013. The diagnoses have included right shoulder impingement, internal derangement of left knee, and right reflex sympathetic dystrophy. Treatments to date have included physical therapy, acupuncture therapy, steroid injections, ganglion block, and medications. Diagnostics to date have included right hand MRI in June 2013, which revealed a small tear and a right shoulder MRI in August 2013, which revealed a tear. In a progress note dated 10/02/2014, the injured worker presented with complaints of right shoulder, right elbow, right hand/wrist, and left knee pain. The treating physician reported positive impingement sign to the right shoulder and tenderness to pressure over the left knee joint. Utilization Review determination on 12/22/2014 non-certified the request for Aqua Therapy for Right Wrist/Bilateral Knees/Right Shoulder 2x3, 6 sessions citing Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the right wrist, right shoulder and bilateral knees, twice weekly for six weeks: Upheld

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

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

Decision rationale: Per California MTUS Guidelines, aqua 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. There is no documentation indicating the claimant cannot participate in land-based physical therapy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.