

Case Number:	CM15-0009821		
Date Assigned:	01/27/2015	Date of Injury:	09/11/2001
Decision Date:	03/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 55 year old female was injured 9/11/01 in an industrial accident involving her bilateral wrists, right shoulder, bilateral arms, elbows, low back, neck and jaw. She is currently experiencing right shoulder pain that has worsened over the past month. Her pain intensity is 7-8/10. No current medications are listed and she does hold a medical marijuana license for gastrointestinal issues. She is status post right shoulder labral repair (2006). Her diagnoses include shoulder, wrist, hand joint pain; rotator cuff; lumbago; cervical degenerative disc disease and atypical face pain. Prior treatments included chiropractic sessions, right shoulder injection (2/25/14) with 50% pain relief, aqua therapy and massage therapy were beneficial in the past. Diagnostics included MRI of the lumbar spine (12/14). The treating physician requested aqua therapy and massage therapy because of prior success with alleviating pain. On 1/14/15 Utilization Review non-certified the request for aqua therapy X 8 sessions for the cervical spine, lower back, bilateral wrists and right shoulder citing MTUS: Chronic Pain: Physical Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy x8 sessions for the cervical spine, lower back area, bilateral wrists and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

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

Decision rationale: The injured worker sustained a work related injury on 9/11/01 i. The medical records provided indicate the diagnosis of shoulder, wrist, hand joint pain; rotator cuff; lumbago; cervical degenerative disc disease and atypical face pain. Prior treatments included chiropractic sessions, right shoulder injection (2/25/14) with 50% pain relief, aqua therapy and massage therapy were beneficial in the past. The records indicate the injured worker is unable to do land based therapy due to foot problems. For such conditions where the individual is unable to do land based therapy, the MTUS recommends land aqua therapy, but to follow the Physical Medicine Guideline. This guideline recommends a frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The specific duration are as follows: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. However, since the specific condition the injured worker suffers from is not listed, the MTUS recommends the use of any nationally acceptable guideline. Therefore, based on the Official Disability Guidelines, the injured worker is allowed a total of six visits, then review to determine whether additional treatment will be needed. The medical records provided for review do not indicate a medical necessity for Aqua therapy x8 sessions for the cervical spine, lower back area, bilateral wrists and right shoulder.