

Case Number:	CM15-0103699		
Date Assigned:	06/08/2015	Date of Injury:	02/15/2013
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/29/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 48-year-old woman sustained an industrial injury on 2/15/2013. The mechanism of injury is not detailed. Diagnoses include cervical and lumbar spine sprain/strain; bilateral shoulder sprain/strain; myospasms; right knee internal derangement; headaches; right knee anterior cruciate ligament tear; baker's cyst; medial meniscus tear; lumbar spine disc protrusions; right shoulder acromioclavicular osteoarthritis; supraspinatus, infraspinatus, and subscapularis tendonitis; subacromial-subdeltoid bursitis; subchondral cyst in the humeral head; left shoulder supraspinatus tendonitis/infraspinatus tendonitis; acromioclavicular osteoarthritis; multiple disc protrusions of the cervical spine; maxillary sinus chronic changes; gastritis; depression; anxiety; and insomnia. Treatment has included oral medication and aquatic therapy. Physician notes dated 4/20/2015 show complaints of worsening upper back pain rated 8-9/10 with radiation to the bilateral shoulders and numbness and tingling in her hands, left hand pain rated 8-9/10 with radiation through the left arm with numbness and tingling, low back pain rated 8-9/10 with radiation to the right leg and groin, right knee pain rated 8-9/10, persistent temporal headaches and headaches in the back of the head with radiation to the neck, anxiety, depression, and insomnia. Recommendations include aquatic therapy, orthopedic consultation, and internal medicine consultation, sleep study, and follow up in six to eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy for the cervical spine, lumbar spine, left hand and right knee, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicines Page(s): 22; 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. Such sessions have the same requirements for fading frequency and progression to self-directed exercise program as do land based therapies. The claimant has completed aquatic therapies with improvement in symptoms. Request is for additional sessions, with goal of further reduction of pain. The original UR review modified the request of 2 x 6 to 2 x 4 to conform to the requirement for fading frequency of treatment. The request for 2 x 6 sessions of aqua therapy is not medically necessary and the original UR decision is upheld.