

Case Number:	CM15-0131400		
Date Assigned:	07/17/2015	Date of Injury:	10/12/2011
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

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: Indiana, Michigan, California
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:

The injured worker is a 62 year old male who experienced a work related injury on October 12, 2011. Diagnoses include cervical spine sprain/strain, cervical radiculopathy, shoulder regional pain, rotator cuff syndrome, neuralgia and neuritis. Treatment has involved psychological and physical therapy, medication, shoulder injections and shoulder arthroscopy with rotator cuff repair. MRI of the cervical spine on January 10, 2012 revealed mild to moderate foraminal narrowing with disc bulging and osteophytes. MRI of the bilateral shoulders on January 10, 2012 was consistent with complete tear of the supraspinatus tendon and acromioclavicular osteoarthritis. The request is for aquatic therapy (3x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 x 6 bilateral shoulders: Upheld

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

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

Decision rationale: MTUS guidelines state that aquatic therapy is recommended as an optional form of exercise therapy. It is specifically recommended in cases where reduced weight bearing is needed such as cases involving extreme obesity. Documentation in the records show the injured worker is not obese and that the injured worker is not interested in aquatic therapy. Therefore, aquatic therapy (3x6) is not medically necessary and appropriate.