

<b>Case Number:</b>	CM15-0132489		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	04/01/2015
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 37 year old male, who sustained an industrial injury on April 1, 2015. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having cervicalgia and pain in joint involving shoulder region. Treatment to date has included physical therapy and aqua therapy. On May 20, 2015, the injured worker complained of neck and head pain. The pain was aggravated by arm and hand activities, driving, lying supine and quick movements of the head and neck. The level of pain was noted to be not dependent of the time of day. The physician's plan of treatment is not known as the medical record included therapy notes. On June 3, 2015, Utilization Review non-certified the request for additional physical therapy times twelve for neck and bilateral shoulders and additional aqua therapy times twelve for the neck and bilateral shoulders, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy x 12 for the neck and bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Additional Physical therapy x 12 for the neck and bilateral shoulders is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on why the patient is unable to perform an independent home exercise program. The documentation indicates that the patient has had PT already and the request for 12 more supervised sessions in addition to the amount of PT the patient has already had exceeds the MTUS recommendations. There are no extenuating factors that necessitate 12 more supervised PT sessions therefore this request is not medically necessary.

**Additional Aqua therapy x 12 for the neck and 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 and Physical medicine Page(s): 22 and 98-99.

**Decision rationale:** Additional Aqua therapy x 12 for the neck and bilateral shoulders is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The request exceeds this recommendation. The documentation does not indicate that the patient cannot participate in land-based therapy. The documentation does not indicate extenuating conditions that necessitate 12 more aqua therapy sessions therefore this request is not medically necessary.