

Case Number:	CM15-0160317		
Date Assigned:	08/26/2015	Date of Injury:	02/10/2007
Decision Date:	09/29/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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: California, North Carolina
 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 56 year old male who sustained a work related injury February 10, 2007. Past history included deep vein thrombosis right lower extremity, popliteal February, 2007, remains on Coumadin, status post right shoulder surgery, lupus, heart valve problem (unspecified). According to a pain medicine re-evaluation, dated June 22, 2015, the injured worker presented with complaints of low back pain radiating down the bilateral lower extremities, right shoulder pain, bilateral leg pain and insomnia associated with ongoing pain. The pain is rated 7 out of 10. He is pending knee surgery thru private insurance. Physical examination revealed; slow gait; tenderness on palpation right anterior shoulder with decreased range of motion due to pain; mild swelling noted in the calf (unspecified). Diagnoses are bilateral shoulder pain; chronic pain; bipolar disorder, unspecified. Treatment plan included a subacromial bursa injection, left with Bupivacaine and Depo-Medrol, awaiting a vascular surgery consultation regarding the deep vein thrombosis, awaiting gum membership with pool access for a year, waiting scheduling for a psychiatric consultation, and continue with on-going home exercise program. At issue, is the request for authorization for aqua therapy 2 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 x 4: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy (PT). Aquatic therapy can minimize the effects of gravity, so it is especially recommended where reduced weight-bearing is desirable, for example extreme obesity. In this case, it is unclear whether the claimant has tried land-based PT with measurable, objective functional gains. There is no evidence of any recent flare-up of symptoms or significant objective or functional gains that would support the need for decreased weight-bearing in order to progress with therapy. Without further information, the request for aquatic therapy is not medically necessary.