

Case Number:	CM15-0163110		
Date Assigned:	08/31/2015	Date of Injury:	09/28/2013
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old female, who sustained an industrial injury on 12-12-2013. Diagnoses include left shoulder impingement syndrome and acromioclavicular degenerative joint disease. Treatment to date has included physical therapy (greater than 10 visits), bracing, home exercises, 6 sessions of acupuncture, medications, activity modification and 2 cortisone injections. Per the Comprehensive Orthopedic Consultation dated 4-03-2015, the injured worker reported right and left shoulder, elbow, wrist, and finger pain. She rated her pain as 8 out of 10. She had locking and numbness of the arm and stated that pain was relieved by painkillers. Physical examination revealed tenderness and decreased range of motion of the left shoulder. The plan of care included surgical intervention and authorization was requested for a continuous passive motion (CPM) unit for post-op use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for thoracic and lumbar spine 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. In fact, the patient does not meet criteria for "extreme obesity" as there is no documentation of recent weight, no diagnosis of morbid or extreme obesity. Therefore, this request is not medically necessary.