

Case Number:	CM15-0189548		
Date Assigned:	10/01/2015	Date of Injury:	06/08/2013
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, 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 57 year old male, who sustained an industrial injury on 6-8-13. Current diagnoses or physician impression includes left shoulder sprain with underlying labral tear, right shoulder labral tear, cervical strain, lumbar strain, left knee medial meniscus tear (post-surgical intervention in 2014). Notes dated 7-22-15 - 8-19-15 reveals the injured worker presented with complaints of low back and neck spasms. His pain is reduced from 10 out of 10 to 5 out of 10 with medications. Physical examinations dated 7-22-15 - 8-19-15 revealed an altered gait. There is cervical and lumbar spine tenderness and muscle spasms are noted in the paraspinal musculature. Cervical and lumbar spine range of motion is decreased. There is decreased range of motion in the left knee. There is right shoulder impingement with decreased range of motion. Treatment to date has included aqua therapy (was helpful) and land therapy (caused increased pain), per physicians note dated 8-19-15 and medication. Diagnostic studies to date has included urine toxicology screen, left shoulder MRI (degenerative joint disease and labral tear), lumbar spine MRI (within normal limits), left knee MRI (medial meniscus tear and degenerative joint disease), right shoulder MRI (tendinosis and probably SLAP lesion), per physician note dated 8-19-15. A request for authorization dated 8-20-15 for aquatic therapy 8 sessions is denied, per Utilization Review letter dated 9-8-15. The medication list includes Naproxen, Cyclobenzaprine and Tramadol. The patient sustained the injury due to slip and fall incident. Patient had received 12 PT and 6 aquatic therapy visits for this injury. The patient had received an unspecified number of chiropractic visits for this injury. Per the note dated 9/9/15 the patient had complaints

of pain at 7-10/10 and uses SPC for ambulation. The physical examination revealed tenderness on palpation and limited range of motion of cervical and lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Request: Aquatic therapy 8 sessions. Per MTUS guidelines, aquatic therapy is, "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." A contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. The patient had received 12 PT and 6 aquatic therapy visits for this injury. A detailed response to previous of pool therapy visits was not specified in the records provided. The previous of pool therapy visits notes documenting significant ongoing functional improvement were not specified in the records provided. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Aquatic therapy 8 sessions is not medically necessary.