

Case Number:	CM15-0197238		
Date Assigned:	10/12/2015	Date of Injury:	10/14/2014
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/07/2015

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: 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:

This is a 54 year old female patient, who sustained an industrial injury on October 14, 2014. She sustained the injury due to a slip and fall incident. The diagnoses include lumbosacral sprain and strain, lumbar muscle spasm, sprain bilateral sacroiliac joint, lumbar disc protrusion with bilateral nerve root compromise at L3-4 and L4-5, peripheral neuropathy of the sensory nerves of the lower extremities, left shoulder sprain and strain, SLAP lesion of left shoulder, clinical left shoulder adhesive tendinitis, left elbow sprain and strain, left lateral epicondylitis, left wrist sprain and strain and moderate left carpal tunnel syndrome. Per the chiropractor notes dated September 11, 2015, she had complaints of intermittent, moderate, stabbing and burning low back pain at 6 on a 1-10 pain scale; throbbing and burning left shoulder pain at 9/10 and weakness with radiation to the hand with tingling and weakness; throbbing and burning left hip pain rated as an 8 on the pain scale; left knee pain. The physical examination revealed tenderness; decreased and painful lumbar spine, left hip and left shoulder ranges of motion. The medications list includes ibuprofen and menthoderm lotion. She has had multiple diagnostic studies including lumbar MRI, left elbow MRI, left wrist MRI and EMG/NCS of upper and lower extremities. Treatment to date has included diagnostic studies, aqua therapy, physical therapy and medication. A request was made for twelve additional aqua therapy sessions and a follow-up visit. On September 21, 2015, utilization review denied a request for aqua therapy times twelve sessions for the lumbar spine, left hip and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, lumbar spine/left hip/left shoulder, 12 sessions: Upheld

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

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

Decision rationale: 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." The cited guidelines recommend up to 9-10 visits for this diagnosis. She has had unspecified physical therapy visits and aquatic therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous aquatic therapy visits that is documented in the records provided. Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. The request for Aqua therapy, lumbar spine/left hip/left shoulder, 12 sessions is not medically necessary or fully established for this patient.