

Case Number:	CM15-0022579		
Date Assigned:	02/12/2015	Date of Injury:	07/10/2014
Decision Date:	03/27/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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: Utah, Arkansas
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 65 year old female who sustained an industrial injury on 7/10/14 when she was shot twice through both upper extremities and were described as "grazing "to the upper extremities and sustained injury to the neck and left knee. She is currently experiencing decreased hearing, headaches and knee pain, sensitivity to touch at the gunshot wound site beneath both arms, pain radiating into arms, low back and neck pain. She has difficulty sleeping. She uses Ketamine 5% Cream. Diagnoses are assault- handgun; contusion left knee; lumbar sprain/ strain; bilateral upper extremity muscle spasms; long term use of medications; neck sprain/ strain and tinnitus left ear. Treatments to date include psychological treatment and aqua therapy. Diagnostics include x-ray left and right humerus (7/10/14) Progress note dated 1/29/15 indicates that the injured worker has had prior aqua therapy that was beneficial to her. Also progress note from 1/12/15 indicates that with aqua therapy the injured worker was able to perform more exercises, drive for longer periods, had improved range of motion in the arms and increased reaching ability and decrease in arm pain. On 1/27/15 Utilization review non-certified the request for aquatic therapy X 12 citing MTUS: Chronic pain Medical Treatment Guidelines: Physical therapy and ODG: Neck and Upper back (Acute & Chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT), Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Aquatic therapy for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page 22.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Aquatic therapy. The patient has completed 24 sessions of therapy already, there is no indication for additional therapy sessions, or why this can not be completed as land therapy. According to the clinical documentation provided and current MTUS guidelines; Aquatic therapy is not indicated as a medical necessity to the patient at this time.