

Case Number:	CM15-0220771		
Date Assigned:	11/13/2015	Date of Injury:	06/23/2014
Decision Date:	12/24/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 was a 28 year old female, who sustained an industrial injury on June 23, 2014. The injured worker was undergoing treatment for right shoulder impingement syndrome, cervical myofascitis, cervical disc protrusion per MRI, Thoracic musculoligamentous injury, thoracic myofascitis, lumbosacral sprain and or strain, lumbar muscle spasms, lumbar disc protrusion with annular tear at L4-L5 with bilateral nerve root compression at L3-L4 and L5-S1 per MRI, right shoulder rule out superior labral pathology, cervical spine pain with radiculitis and lumbar spine pain with radiculitis. According to the progress note of August 14, 2015, the right shoulder pain was rated at 6-8 out of 10. The injured worker was complaining of numbness when the injured worker slept of the right arm. The injured worker described popping pain with pulling with overhead work. There was decreased range of motion in the shoulder, but full range of motion of the elbow, wrist and hand. According to progress note of August 18, 2015, the injured worker's chief complaint was cervical spine pain of 6-8 out of 10 and lumbar spine pain of 7 out of 10. The cervical pain radiated into the upper extremities. The physical exam noted decreased range of motion of the cervical spine with pain. The Spurling's test was positive. The lumbar spine had spasms and tenderness. The sciatic test was positive. The straight leg raises were negative. The injured worker previously received the following treatments acupuncture, Ibuprofen, Flexeril, right shoulder x-rays was negative and right shoulder MRI noted arthritic changes. The UR (utilization review board) denied certification on October 30, 2015; for aqua therapy times 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy 12 sessions is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome, cervical myofascitis, cervical disc protrusion per MRI, Thoracic musculoligamentous injury, thoracic myofascitis, lumbosacral sprain and or strain, lumbar muscle spasms, lumbar disc protrusion with annular tear at L4-L5 with bilateral nerve root compression at L3-L4 and L5-S1 per MRI, right shoulder rule out superior labral pathology, cervical spine pain with radiculitis and lumbar spine pain with radiculitis. Date of injury is June 23, 2014. Request for authorization is October 23, 2015. According to a May 28, 2015 progress note, the documentation indicates the treating provider wants to continue physical therapy and home exercise program. According to an August 13, 2015 progress note, subjective complaints include ongoing neck pain that radiates to the upper back. There is also mid and low back pain. Objectively, range of motion was decreased the cervical spine, thoracic and lumbar spine. There is tenderness of the lumbar spine. There is no documentation of failed land-based physical therapy. The total number of physical therapy sessions to date is not specified in the medical record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. There is no height, weights or BMIs in the medical record. There is no clinical rationale for reduced weight bearing. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically warranted, aquatic therapy 12 sessions is not medically necessary.