

Case Number:	CM15-0033623		
Date Assigned:	02/27/2015	Date of Injury:	03/27/2014
Decision Date:	04/17/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 47 year old male, who sustained an industrial injury on 03/27/2014. He has reported subsequent back, wrist, left shoulder and left elbow pain and was diagnosed with lumbosacral, left shoulder and left elbow sprain/strain and bilateral carpal tunnel syndrome. Treatment to date has included oral pain medication and acupuncture. In a progress note dated 12/12/2014, the injured worker complained of constant moderate low back, left elbow and left shoulder pain that was rated as 4-7/10. Objective findings were notable for decreased and painful range of motion of the lumbar spine, left shoulder and left elbow with tenderness to palpation and muscle spasm. The physician noted that 12 aqua therapy sessions would be requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records indicate pain with range of motion but does not indicate functional assessment with established goals for physical therapy or indicate why the insured cannot transition to a self-directed program. ODG guidelines report, "Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." Given the records do not indicate specific goals of aquatic therapy, the medical records do not support medical necessity of aqua therapy treatment.