

Case Number:	CM15-0050500		
Date Assigned:	03/24/2015	Date of Injury:	11/15/2012
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male who sustained an industrial injury on November 15, 2012. He has reported a left shoulder injury and has been diagnosed with shoulder pain. Treatment has included surgery, medication, injection, and physical therapy. Currently the injured worker complained of left shoulder pain. The treatment request included trial of aquatic therapy x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy trial for 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, physical therapy, physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: The patient was injured on 11/15/2012 and presents with left shoulder pain. The request is for aquatic therapy trial for 6 sessions. There is no RFA provided and the patient is permanent and stationary. The report with the request is not provided. MTUS Chronic Pain

Medical Treatment Guidelines page 22 state 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 effect of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improves 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." Review of the reports provided does not indicate if the patient has had any prior aquatic therapy. There is no indication of any recent surgery the patient may have had either. In this case, there is no discussion provided as to why the patient needs aquatic therapy and could not complete land-based therapy. None of the reports mentions that the patient is extremely obese and there is no discussion as to why the patient requires weight-reduced exercises. The requested aquatic therapy is not medically necessary.