

Case Number:	CM15-0051400		
Date Assigned:	03/24/2015	Date of Injury:	08/04/2010
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 54 year old female, who sustained an industrial injury on 08/04/2010. She reported right shoulder pain. The injured worker is currently diagnosed as having cervical spine strain, right shoulder strain with adhesive capsulitis, right wrist carpal tunnel syndrome status post carpal tunnel release, reflex sympathetic dystrophy to right upper extremity, left carpal tunnel syndrome compensatory to right upper extremity injury, reflex sympathetic dystrophy syndrome. Treatment to date has included epidural steroid injections, sympathetic ganglion nerve block, right shoulder manipulation, cervical MRI, electromyography/nerve conduction studies, and medications. In a progress note dated 02/16/2015, the injured worker presented with complaints of persistent pain in her neck and right shoulder. The treating physician reported requesting authorization for the injured worker to undergo a course of aquatic therapy to improve range of motion, to reduce pain, and for strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 58.

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

Decision rationale: The California MTUS guidelines recommends aquatic therapy as an option to minimize the effects of gravity where reduced weight bearing is desirable. It is unclear how any potential benefits of reduced weight-bearing can be applied to the neck and right shoulder. This request for eight visits of aquatic therapy is not medically necessary.