

Case Number:	CM15-0056303		
Date Assigned:	04/01/2015	Date of Injury:	11/22/2013
Decision Date:	05/06/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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: Texas, California
 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:

This is a 61 year old female patient, who sustained an industrial injury on November 22, 2013. She reported developing cumulative trauma injury to her back, shoulders, and both hands/wrists. The diagnoses include right shoulder full thickness rotator cuff tear, right shoulder superior labrum tear, left shoulder rotator cuff syndrome, rule out tear, bilateral carpal tunnel syndrome, undifferentiated connective tissue disease, fibromyalgia, and bilateral cubital tunnel syndrome, clinical diagnosis. Per the doctor's note dated 3/19/15, she had complains of bilateral shoulder, bilateral wrist, and bilateral hand pain. The physical examination of the shoulder revealed tenderness to palpation bilaterally with the left shoulder's external rotation limited secondary to pain; bilateral hands- tenderness to palpation bilaterally with positive Phalen's and Tinel's signs bilaterally. The medications list includes lidoderm patch, butran patch and lyrica. She has had immobilization of shoulders, musculoskeletal ultrasound, electromyography (EMG)/nerve conduction velocity (NCV) study, left wrist cortisone injection, and medication for this injury. The Physician requested authorizations for aquatic therapy for the fibromyalgia and myofascial complaints, a psychologist consult for anxiety and stress, and a rheumatologist to confirm or rule out the injured worker's fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two times six for the whole body: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: Per MTUS guidelines, 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 effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Lack of response to previous land based physical therapy is not specified in the records provided. The aquatic therapy two times six for the whole body is not medically necessary for this patient.