

Case Number:	CM15-0056764		
Date Assigned:	04/01/2015	Date of Injury:	04/04/2011
Decision Date:	05/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/25/2015

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: Pennsylvania, Ohio, 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 38 year old female, who sustained an industrial injury on April 4, 2011. The injured worker was diagnosed as having over use syndrome, bilateral shoulder tendinitis bilateral elbow epicondylitis, carpal tunnel syndrome, cubital tunnel syndrome, bilateral de Quervain's syndrome, chronic cervical sprain, cervical disc bulge and right shoulder osteoarthritis. Treatment and diagnostic studies to date have included carpal tunnel release, cubital tunnel release, wrist and thumb immobilizer, and oral medication. A progress note dated February 6, 2015 provides the injured worker complains of neck pain radiating to arms, bilateral shoulder pain, elbow pain and wrist pain. Physical exam notes tenderness of shoulder. The plan includes therapy, medication, immobilizer and exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Exercise, Exercise, Physical Medicine Page(s): 22, 46, 99.

Decision rationale: MTUS recommends active independent home exercise for most patients. This guideline also states that there is not sufficient evidence in most cases to support the recommendation of a particular exercise regimen over another regimen. The records in this case do not provide a rationale for aquatic rather than land-based exercise. Thus, this request is not medically necessary.