

Case Number:	CM13-0069545		
Date Assigned:	01/03/2014	Date of Injury:	08/28/2007
Decision Date:	04/24/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female who reported an injury on 08/28/2007. The injury was noted to have occurred to her bilateral wrists and hands while assembling a product at work. Her most recent clinical note dated 01/10/2014 indicated that the patient's symptoms included low back pain with radiation to the left leg and bilateral shoulder pain. Her physical examination revealed decreased range of motion and decreased motor strength to 4/5 in the lumbar spine as well as decreased range of motion of the left shoulder, decreased motor strength to 4/5, and positive impingement in the left shoulder. She was diagnosed with lumbar spine myospasm and left shoulder derangement. A recommendation was made for aquatic therapy for the lumbar spine and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Three(3) times a week for four (4) weeks for the Lumbar Spine and Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines, aquatic therapy may be recommended as an optional form of exercise therapy when reduced weight bearing is desired, such as for patients with obesity. The clinical information submitted for review failed to provide details regarding the patient's need for reduced weight bearing activities. Additionally, the California MTUS Guidelines only recommend physical medicine treatment at 9 to 10 visits over 8 weeks in the treatment of unspecified myalgia and myositis and at 8 to 10 visits over 4 weeks in the treatment of unspecified neuralgia, neuritis, and radiculitis. Therefore, the request for therapy 3 times a week for 4 weeks exceeds the Guideline recommendations. In the absence of clear documentation regarding the patient's need for reduced weight bearing exercise and as the requested number of visits exceeds the Guideline recommendations, the request is not supported. As such, the request for Aquatic therapy three (3) times a week for four (4) weeks for the lumbar spine and left shoulder is non-certified.