

Case Number:	CM14-0000932		
Date Assigned:	01/22/2014	Date of Injury:	11/07/2001
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 51-year-old female who was injured on November 7, 2001. The examination documented on October 4, 2013 indicates that the claimant has reported posterior neck pain rated as 5/10 and described as intermittent. The chiropractor goes on to note no diminished cervical range of motion, diminished but equivalent reflexes in the upper extremities, and tenderness to palpation about the deltoid muscles bilaterally. The September 9, 2013 note again documents tenderness about rotator cuff biceps tendon with mild weakness against resistance in both upper extremities. The diagnosis of impingement syndrome status post right shoulder decompression is documented. The utilization review in question was rendered on December 10, 2013. The reviewer noncertified the requests for six sessions of physical therapy with massage therapy. The reviewer indicates that six (6) chiropractic sessions have previously been performed including myofascial release and passive modalities. Additionally, the reviewer indicates that the claimant is being treated for upper extremity injuries and that aquatic therapy would not be indicated as reduced weight bearing is not required.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS OF PHYSICAL THERAPY WITH MASSAGE AND AQUATIC THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Guidelines support the use of aquatic therapy as an alternative to land-based therapy where available when reduced weight bearing is desirable. Based on clinical documentation provided, the claimant has cervical and upper extremity complaints. It is unclear from a clinical standpoint where reduced weight bearing would be required for physical therapy addressing these regions. As such, the request is considered not medically necessary.