MAXIMUS Federal Services

Case Number:	CM14-0132312		
Date Assigned:	08/22/2014	Date of Injury:	03/20/2013
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Medicine 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 patient is a 51-year-old male with an injury date of 03/20/2013. Based on the 06/27/2014 progress report, the patient complains of frequent neck pain (rated as a 4-6/10), a burning pain in the interscapular area (rated as a 5-7/10), frequent pain and numbness of the right hand (mostly in the 3rd, 4th, and 5th digits), and frequent pain in the right shoulder that occurs most of the time and ranges from a 5-7/10. The patient describes her pain as being present up to 75% at a time, worse in the evenings, and aggravated by use of the right arm and looking down. She feels as though her current condition impacts her general activity and enjoyment of life which includes her ability to concentrate and interact with other people. She reports of having problem sleeping and problems of performing activities of daily living/routine household chores. In the 05/13/2014 report, the patient complains of having cervical spine pain which she rates as 5/10 and this pain radiates to her right arm. The majority of her pain is in the right upper scapula and the pain worsens when she uses her right hand or arm. The patient's diagnoses include the following: Chronic myofascial pain syndrome, cervicothoracic spine. Pain and numbness in right arm and right hand due to cervical radiculopathy versus peripheral nerve entrapment. Chronic pain syndrome, right shoulder, rule out internal derangement. 4. S/P right carpal tunnel release November 2013. The utilization review determination being challenged is dated 07/15/2014. Treatment reports were provided from 02/14/2014 - 07/25/2014.1. Chronic myofascial pain syndrome, cervicothoracic spine. 2. Pain and numbness in right arm and right hand due to cervical radiculopathy versusperipheral nerve entrapment.3. Chronic pain syndrome, right shoulder, rule out internal derangement. 4. S/P right carpal tunnel release November 2013.The utilization review determination being challenged is dated 07/15/2014. Treatment reports were provided from 02/14/2014 - 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL AND AND OCCUPATIONAL THERAPY.

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

Decision rationale: Based on the 06/27/2014 progress report, the patient complains of neck pain, right shoulder pain, right hand pain, and pain in the interscapular area. The request is for Aqua Therapy 2 x 6 weeks. The 06/27/2014 report indicates that the patient did have 8 sessions of physical therapy in May of 2014 to her neck and shoulder. There is no discussion provided as to why the provider is requesting for aqua therapy at this point. MTUS page 22 states that 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 effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, there is no documentation of extreme obesity or need for reduced weight bearing. There is no indication of how the physical therapy the patient has already had impacted nor there is any reasoning provided as to why the patient is unable to tolerate any further land-based therapy. Therefore, this request is not medically necessary.