

Case Number:	CM14-0163418		
Date Assigned:	10/08/2014	Date of Injury:	01/20/2004
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational 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:

This case involves a 46 year-old male with date of injury 01/20/2004. The medical document associated with the request for authorization lists subjective complaints of pain in the low back and bilateral shoulders. The patient is status post right shoulder surgery on 03/06/2014. Objective findings included an examination of the lumbar spine which revealed decreased flexion and extension. There was noted atrophy of the right quad and thigh. There was pain with palpation to the left lateral hip and with palpation of T6-L5 with paralumbar and sacroiliac pain. It was noted there was corresponding muscle spasms to the bilateral perithoracic regions and the negative straight leg raising tests bilaterally. The left shoulder examination reviewed decreased flexion, extension, and abduction of the left shoulder with positive global and Whipple exams. The right shoulder examination revealed decreased range of motion, including flexion, extension, and abduction. It was noted that there was pain to palpation to the right biceps tendon at the insertion site. Current diagnosis includes disorders of bursae and tendons in shoulder region; lumbago; subacromial impingement, right shoulder; possible rotator cuff tear, right shoulder; and AC joint degenerative joint disease, right shoulder. The patient has previously been authorized for 5 sessions of aqua therapy for refresher and then 3 months of gym membership at a facility with a pool. According to the medical records supplied for review, the patient has completed at least 8 sessions of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy: 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 Page(s): 22.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. However, as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks. There should be evidence of objective functional improvement documented prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of objective functional improvement; therefore, this request is not medically necessary.