

Case Number:	CM14-0212260		
Date Assigned:	01/02/2015	Date of Injury:	10/26/2005
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 26, 2005. In a Utilization Review Report dated December 5, 2014, the claims administrator denied request for 12 sessions of aquatic therapy. A November 24, 2013 progress note was referenced in the determination. On said November 24, 2014 progress note, the applicant reported persistent complaints of neck, shoulder, and wrist pain with associated numbness, tingling, swelling, and headaches. The applicant was not working, it was acknowledged. The applicant was given refills of tramadol, Nalfon, Protonix, Desyrel, Terocin, LidoPro, and Neurontin. Twelve sessions of aquatic therapy were endorsed. The applicant's gait was not described or characterized.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of aqua therapy (3 x 4 weeks) for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, it was not clearly established that reduced weight bearing was/is desirable here. The November 24, 2014 progress note on which the aquatic therapy was sought did not contain any descriptions of the applicant's gait or ambulatory status. Therefore, the request was not medically necessary.