

Case Number:	CM14-0217274		
Date Assigned:	01/07/2015	Date of Injury:	07/10/2014
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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: 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:

This is a female who suffered an industrial related injury on 7/10/14. A physician's report dated 7/10/14 noted the injured worker sustained two lacerations to bilateral upper arms at the level of the humerus after being robbed. These were noted to be possible gunshot graze wounds. The lacerations were repaired with sutures. The injured worker was placed on the floor with the gunman placing his knees on her back and lower extremities. Diagnoses included gunshot wounds to bilateral upper extremities, complex lacerations to bilateral upper extremities greater than 15cm, situational anxiety, and post-traumatic stress disorder. The physician's report dated 12/8/14 noted the injured worker had complaints of bilateral upper extremity, left knee, low back, and neck pain. The injured worker described sensitivity to touch at the gunshot wound sites with intermittent tingling and the feeling of being stuck with needles. The injured worker participated in aqua therapy that was noted to have improved the pain. The injured worker was taking Aleve or Advil. Diagnoses included left knee contusion, lumbar region sprain/strain, bilateral upper extremity muscle spasm, sprain/strain of the neck, and left ear tinnitus. The injured worker was prescribed Gabapentin and Voltaren Gel. The work status was noted to be temporarily totally disabled. The physical examination revealed the injured worker had antalgic gait and normal muscle tone without atrophy in the bilateral upper and lower extremities. On 12/19/14 the utilization review (UR) physician denied the request for 16 hydrotherapy sessions. The UR physician noted the medical records indicated a lack of significant functional improvement and continued reduction in the injured worker's activities of living despite multiple

sessions of physical therapy. Additional therapy sessions are not supported by the Medical Treatment Utilization Schedule guidelines, therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrotherapy x 16 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-206, 212-214, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 98-99.

Decision rationale: Aquatic therapy is an alternate form of physical therapy that minimizes the effects of gravity. This is effective for patients with significant weight bearing difficulties such as morbid obesity or other significant weight bearing problems. The MTUS notes the significant benefits from regular exercise in returning individuals to function and describes a random controlled study that showed effectiveness of aqua therapy for long term relief of low back pain. It further notes that therapeutic exercises can relieve discomfort while improving dysfunction and endurance. However, the MTUS does not comment specifically on use of water-based physical therapy for treatment of shoulder or neck injuries. It further notes that therapeutic exercises can relieve discomfort while improving function and endurance. The goal of aquatic therapy is to improved motion against gravity and requires advancement from water-based physical therapy to land-based and home-based physical therapy. Prior use of aquatic therapy for this patient has not been very helpful, since despite the patient's statement of lessened pain, the therapist has had to modify the aquatic exercises so as to lessen the pain the water exercises were causing. Additionally the patient has already had many land-based physical therapy sessions so the goal of now using a water-based therapy that itself has a goal of advancing to land-based therapy is contradictory. Medical necessity for this therapy has not been established.