

Case Number:	CM14-0218803		
Date Assigned:	01/08/2015	Date of Injury:	12/07/2011
Decision Date:	05/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 48-year-old male who reported an injury on 12/07/2011. The mechanism of injury was not provided. On 11/25/2014, the injured worker presented with pain and notes that she is not able to tolerate her current therapy. Medications included Tylenol No. 3, acetaminophen 325 mg, Lidoderm 5% patch, atenolol, Dulera, Prevacid and Trilipix. Upon examination, there was 5/5 motor strength and active range of motion of the neck decreased by 50% in all directions due to complaints of pain. There was 2+ deep tendon reflexes and intact sensation. Diffuse tenderness to palpation over the extensor muscles of the forearm. Diagnoses were carpal tunnel syndrome, De Quervain's tenosynovitis, radial tunnel syndrome, shoulder strain, cervical disc herniation. The provider recommended aquatic therapy 8 sessions for the left shoulder. There was no rationale provided. The Request for Authorization form was not included was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 8 sessions for the left shoulder: Upheld

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

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

Decision rationale: The request for aquatic therapy x8 sessions for the left shoulder is not medically necessary. The California MTUS Guideline recommend active therapy as an optional form of exercise. It minimizes the effects of gravity and is specifically recommended where reduced weight bearing is desirable for example extreme obesity. The injured worker had participated in previous physical therapy sessions. The guidelines recommend 10 sessions over 4 weeks. The amount of previous sessions that the injured worker participated in and the efficacy of those sessions were not provided. Additionally, the injured worker is not recommended for reduced weight bearing exercise. As such, medical necessity has not been established. Therefore, the requested treatment is not medically necessary.