

Case Number:	CM14-0219298		
Date Assigned:	01/09/2015	Date of Injury:	06/25/2008
Decision Date:	03/06/2015	UR Denial Date:	12/01/2014
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 54 year old male, who sustained an industrial injury on 06/25/2008 when he slipped and fell off of his truck, injuring his lower back. The diagnoses have included lateral epicondylitis. Treatment to date has included a home exercise program and a right shoulder arthroscopy performed on 6/12/2014. Currently, the IW complains of constant low back pain, radiating to the legs with weakness and right knee pain. Symptoms are worsened with any kind of activity. Objective examination revealed tender lumbar paraspinal muscles and decreased range of motion on flexion and extension. EMG/NCV dated 7/08/2014 revealed right L5 radiculopathy and right peroneal motor peripheral neuropathy. On 12/01/2014 Utilization Review non-certified a request for aquatic therapy (2x6) for the right shoulder noting the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 12/30/2014, the injured worker submitted an application for IMR for review of aquatic therapy (2x6) for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x6 to the right shoulder: Upheld

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

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

Decision rationale: According to MTUS guidelines, 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 the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007) “. There no clear evidence that the patient is obese or have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no documentation for a clear benefit expected from Aquatic therapy.