

Case Number:	CM15-0011254		
Date Assigned:	01/28/2015	Date of Injury:	07/28/2009
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female, who sustained an industrial injury on July 28, 2009. She has reported cognitive impairment, head and facial pain and shoulder, spinal and knee pain. The diagnoses have included postconcussional syndrome, cerebral cortical contusion, temporomandibular joint syndrome (TMJ) pain, and carpal tunnel syndrome, cervical and lumbar radiculopathy, left shoulder pain, overflow incontinence, emotional distress and sleep disturbance. Treatment to date has included knee surgery, aqua therapy, acupuncture, topical medication and oral medication. Currently, the IW complains of cognitive impairment and shoulder, arm, knee and foot/ankle pain. Treatment includes X-ray, aqua therapy, acupuncture, physiotherapy and medication. On December 24, 2014 utilization review non-certified a request for aquatic physical therapy 12 visits, 2 times a week for 6 weeks, for the left shoulder, noting limited evidence of functional improvement. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 12 Visits, 2 Times A Week For 6 Weeks, For The Left 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: 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. The documentation submitted for review indicates that the injured worker is obese and presented with antalgic gait. It was noted that she had previously undergone aquatic therapy and that it was beneficial, however no documentation of specific functional improvement was provided or why land-based physical therapy targeted toward the shoulder was ineffective. The request is not medically necessary.