

Case Number:	CM15-0012838		
Date Assigned:	01/30/2015	Date of Injury:	06/04/2012
Decision Date:	03/19/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 female patient, who sustained an industrial injury on 06/04/2012. A primary treating office visit dated 12/23/2014 reported the patient with ongoing issues with neck, shoulders and upper extremities. The current medications reportedly work well for pain control. Objective findings showed neck with decreased range motion and shoulder range of motion noted improved. There is decreased grip strength to left upper extremity and sensation noted decreased to distal ulnar. She is diagnosed with cervical thoracic strain/sprain and status post left shoulder arthroscopy. She is prescribed Norco and instructed to remain off from work through 02/28/2015. On 01/02/2015 Utilization Review non-certified a request for Aqua therapy and physical therapy visits, noting the CA MTUS Chronic Pain, Aquatic therapy and Physical Therapy were cited. The injured worker submitted an application for an independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy duration and frequency not known: 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, 99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. The medical records fail to indicate whether the patient has had previous aquatic therapy. It is noted that this is a remote injury, and a comprehensive summary of all therapy whether land-based or aquatic therapy should have been provided. The physical medicine guidelines of the MTUS specified that future therapy is contingent on demonstration of functional benefit from prior therapy. Furthermore, this request does not indicate a duration or number of visits. Therefore, this request is not medically necessary.

Physical Medicine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Regarding PT, the physical medicine section of the MTUS recommend this as an initial option of management. The medical records fail to indicate whether the patient has had previous physical therapy and a comprehensive summary of all therapy whether land-based or aquatic therapy is not available. The physical medicine guidelines of the MTUS specified that future therapy is contingent on demonstration of functional benefit from prior therapy. Furthermore, this request does not indicate a duration or number of visits. Therefore, this request is not medically necessary.