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| Case Number: | CM15-0119971 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 06/13/2013 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 05/30/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 66 year old female patient who sustained an industrial injury on 06/13/2013. The worker was employed as a medical secretary and endured cumulative trauma over the course of employment with resulting injury. A recent follow up dated 05/18/2015 the patient was with subjective complaint of having neck pain radiating to the upper back; upper back pain radiating of the lower back; low back pain radiating to the right buttock and right leg with associated parasthesia's; bilateral shoulder pain radiating to the arms; left arm pain radiating to the hand, associated with parasthesia's; left elbow pain radiating to the hands associated with parasthesia's; left wrist pain radiating to the hand, digit, associated with parasthesia's; left hand/digit pain accompanied by parasthesia's; bilateral knee pain; bilateral leg pain, and epigastric pain. The following treating diagnoses were applied: chronic sprain/strain, cervical spine with associated radiation to the upper extremities; cervical spine degenerative disc disease with herniation and spinal stenosis at C4-5; chronic strain/sprain, thoracic spine, rule out disc bulge; chronic strain/sprain, lumbar spine with associated radiation to the lower extremities; lumbar spine dis herniation and spinal stenosis at L4-5; contusion/sprain, left shoulder; osteoarthritis, left acromioclavicular joint; tendinosis, left shoulder; carpal tunnel syndrome, bilateral; strain/sprain, right shoulder; trigger digit 3rd digit, bilateral; strain/sprain, right knee; anxiety and tension reactive to pain; history of epigastric pain; H. Pylori infection, and exophytic lower pole right renal cyst, non-industrial. The plan of care noted continuing with conservative treatment to include: Motrin, Omeprazole. She is to continue utilizing the

interferential unit, perform home exercises, and utilize the paraffin bath and recommendation to undergo bilateral wrist surgeries. She is to remain off from work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy page 98 Aquatic therapy, page 22.

Decision rationale: Six (6) aquatic therapy sessions. Per 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." The cited guidelines recommend up to 9-10 visits for this diagnosis. She has had 22 physical therapy visits, 6 aquatic therapy visits, 18 chiropractic and 23 acupuncture visits for this injury. There is no evidence of significant progressive functional improvement from the previous aquatic therapy visits that is documented in the records provided. Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. The medical necessity of Six (6) aquatic therapy sessions is not fully established for this patient.