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| Case Number: | CM15-0122975 | | |
| Date Assigned: | 07/07/2015 | Date of Injury: | 03/05/2012 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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: 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:

This injured worker is a 60 year old male, who reported an industrial injury on 11/18/1999. His diagnoses, and or impression, were noted to include: shoulder pain. No current imaging studies were noted. His treatments were noted to include medication management. The progress notes of 5/26/2015 reported a follow-up visit for constant, moderate right shoulder pain that radiated to the arm/wrist/hand/neck/upper-back, and for bruxism which is associated with temporal-mandibular joint pain which disrupts his sleep; and for refills of his medications. Objective findings were noted to include irritability without apparent distress; and arthralgia's/joint stiffness. The physician's requests for treatments were noted to include the continuation of Oxycodone, Oxycontin, and Pristiq.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three months pool pass: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 46, 47.

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

Decision rationale: This patient receives treatment for chronic shoulder pain. This problem is related to an industrial injury dated 11/18/1999. This review addresses a request for a 3 month pool pass. The patient has become opioid dependent. The patient has persisting R shoulder pain. One of the benefits of aquatic therapy is that it can provide a reduction of the effects of gravity. Aquatic therapy may be medically indicated as an alternative to land-based physical therapy if reduced weight bearing is needed. An example of an indication, is treating a patient with morbid obesity. Based on the documentation, water based therapy is not medically necessary.