

Case Number:	CM15-0178647		
Date Assigned:	09/18/2015	Date of Injury:	06/17/2014
Decision Date:	10/26/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/10/2015

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: Arizona, 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 23 year old male who sustained an industrial injury on 6-17-2014. A review of medical records indicates the injured worker is being treated for cervical spine sprain strain, cervical myofasciitis, cervical disc protrusion with nerve root compromise at C7-T1 per MRI, left shoulder sprain strain, left shoulder muscle spasm, and partial tear of rotator cuff per MRI. Medical records dated 7-13-2015 notes neck pain a 5 out of 10 and left shoulder pain a 6 out of 10. Medical records dated 4-22-2015 noted cervical and left shoulder pain a 2 out of 10. Physical examination dated 7-13-2015 noted cervical range of motion was within normal limits. There was 3+ tenderness to palpation of the cervical paravertebral muscles. There was muscle spasm of the cervical paravertebral muscles. Left shoulder range of motion was within normal limits. There was +3 tenderness to palpation of the anterior shoulder and glenohumeral joint. Treatment has included chiropractic care, acupuncture, and physical therapy. MRI of the left shoulder dated 10-13-2014 revealed prominent undersurface supraspinatus tendinosis-tendinitis. Age of changes is indeterminate, no full thickness retracted rotator cuff tear. Utilization review form dated 8-12-2015 noncertified 12 aqua therapy visits for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy visits for the left shoulder, twelve sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: 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 length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant had performed physical land based therapy in the past. The amount requested exceeds the amount suggested by the guidelines. The request 12 sessions of aqua therapy is not medically necessary.