

Case Number:	CM15-0049788		
Date Assigned:	03/23/2015	Date of Injury:	04/02/2011
Decision Date:	05/13/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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: Pennsylvania, Ohio, California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female who sustained an industrial injury on 04/02/2011. Current diagnoses include cervicogenic spine strain, rule out cervical radiculopathy, right shoulder subacromial impingement syndrome, lumbar spine strain, rule out lumbar radiculopathy, and rule out right median and ulnar nerve entrapment neuropathy. Previous treatments included medication management and epidural blocks. Previous diagnostic studies included cervical spine, right shoulder, left shoulder, right hand/wrist, left hand/wrist, thoracic spine, lumbosacral spine, and pelvis x-rays, and MRI of the lumbar spine. Initial complaints included cervical spine, bilateral shoulders, bilateral wrists, thoracic spine, and lumbosacral spine pain due to continuous trauma. Report dated 09/10/2014 noted that the injured worker presented with complaints that included neck pain, right shoulder pain, mid and low back pain, and right lower extremity pain. Pain level was rated as 9-10 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included follow up in 4-6 weeks and proceed with nerve conduction velocity study only. Disputed treatments include pool therapy 2 Times a Week for 4 Weeks and pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 2 Times a Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Physical Medicine, Aquatic Exercise Page(s): 46, 99, 22.

Decision rationale: MTUS recommends active independent home exercise for most patients. This guideline also states that there is not sufficient evidence in most cases to support the recommendation of a particular exercise regimen over another regimen. The records in this case do not provide a rationale supervised aquatic/pool therapy rather than independent home exercise. Thus, this request is not medically necessary.