

Case Number:	CM15-0069424		
Date Assigned:	04/17/2015	Date of Injury:	02/26/2012
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 39 year old male, who sustained an industrial injury on 02/26/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic pain syndrome, right rotator cuff rupture status post surgery, general muscle weakness, lumbosacral neuritis not otherwise specified, alteration of sensations, and right arm and left leg pain in limb. Treatment to date has included magnetic resonance imaging of the right shoulder, electromyogram with nerve conduction study, magnetic resonance imaging of the lumbar spine, laboratory studies, above noted surgery, and medication regimen. In a progress note dated 02/23/2015 the treating physician reports complaints of continued pain to the back and arm with a pain rating of a six out of ten. The treating physician requested twelve sessions of aquatic therapy two times a week for six weeks with the treating physician noting that the injured worker needs to continue to improve in range of motion, function, and strength with recommended aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks for thoracic spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 18, 22, 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Aquatic Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times per week times six weeks to the thoracic spine and right shoulder is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic pain syndrome; rotator cuff rupture, right status post surgery; muscle weakness; lumbosacral neuritis; alteration of sensation; and pain in limb. Subjectively, according to a February 23, 2015 progress note, he is worker has not been seen in several months. She complains of back and arm pain with a VAS score of 6/10. Currently, the injured worker is out of medications. Objectively, the injured worker is wheelchair-bound with swelling in the lower extremities. The injured worker has weakness in the right upper and left lower extremities. The sensory examination showed absent sensation of the right upper left lower extremities throughout without specific dermatomal distribution. The treating physician recommended aquatic therapy. There is no clinical rationale in the medical record indicating why aquatic therapy is preferred over land-based therapy. A six visit clinical trial (whether land-based or aquatic) is indicated to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The treating physician requested 12 physical therapy sessions in excess of the recommended guidelines. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines, aquatic therapy two times per week times six weeks to the thoracic spine and right shoulder is not medically necessary.