

Case Number:	CM15-0072101		
Date Assigned:	04/22/2015	Date of Injury:	08/05/1999
Decision Date:	05/21/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/15/2015

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 64 year old female, who sustained an industrial injury on 8/5/99. She reported pain in her right shoulder and arm due to a crush injury. The injured worker was diagnosed as having right thoracic outlet syndrome, right shoulder internal derangement and multilevel lumbar spondylosis. Treatment to date has included lumbar trigger point injections, aqua therapy and pain medication. As of the PR2 dated 3/16/15, the injured worker reports Nucynta has been helpful for her pain, but is concerned that her pain has not changed. Physical examination revealed she was moving slowly, difficulty in standing, tenderness on palpation, hypertonicity, positive axial head compression test, trigger points and muscle rigidity. She reported previous aqua therapy sessions have been beneficial. The treating physician noted right trapezius hypertonicity and tenderness. Also, trigger points were found in the right lower lumbar musculature. The patient's surgical history include rotator cuff repair, cervical surgery and knee replacement. The treating physician requested aqua therapy x 10 sessions for lumbar spine flare-up. The patient sustained the injury due to slip and fall incident. The medication list include Oxycontin, Wellbutrin, Nucynta, Neurontin and NSAID. Patient has received an unspecified number of PT and aquatic therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten sessions of aqua therapy: Upheld

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

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

Decision rationale: Ten sessions of aqua therapy. 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." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. Patient has received an unspecified number of PT and aquatic therapy visits for this injury. Detailed response to previous of pool therapy visits was not specified in the records provided. Previous of pool therapy visits notes were not specified in the records provided. The records submitted contain no accompanying current of pool therapy visits evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Ten sessions of aqua therapy is not medically necessary in this patient.