

Case Number:	CM15-0073200		
Date Assigned:	04/23/2015	Date of Injury:	02/09/2010
Decision Date:	06/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This 57 year old male sustained an industrial injury on 2/9/10. He subsequently reported shoulder injury and pain. Diagnoses include adhesive capsulitis of shoulder, cervical radiculopathy, rotator cuff syndrome and neuralgia. Treatments to date have included nerve conduction, MRI and x-ray studies, surgery, chiropractic care, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck and shoulder pain. A request for aquatic therapy was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2xwk x4wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based therapy to minimize the effects of gravity. In this case,

there is no evidence of obesity to substantiate the need for aquatic therapy. The request for aquatic therapy 2x/week for 4 weeks is not medically appropriate and necessary.