

Case Number:	CM14-0140757		
Date Assigned:	09/10/2014	Date of Injury:	06/07/2010
Decision Date:	10/20/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 55-year-old male who has submitted a claim for cervical discopathy with radiculitis, double crush syndrome, left shoulder impingement syndrome with partial rotator cuff tear, right shoulder impingement syndrome with partial tear of rotator cuff, and bilateral carpal tunnel syndrome associated with an industrial injury date of 6/7/2010. Medical records from 2012 to 2014 were reviewed. Patient complained of neck pain associated with chronic headaches, radiating to bilateral upper extremities, with numbness and tingling sensation. Physical examination of the cervical spine showed muscle spasm, tenderness, painful / restricted range of motion, positive axial compression test, and positive Spurling's maneuver. Muscle strength of bilateral C5 to C7 myotomes was graded 3+ to 4-/5. Sensation was diminished at C5 to C7 dermatomes. Tenderness was also noted at bilateral shoulder joints. Tinel's sign was positive at both elbows. Both Tinel's and Phalen's signs were positive at both wrists. Treatment to date has included 8 sessions of aquatic therapy, physical therapy, activity restrictions, and medications. Utilization review from 8/14/2014 denied the request for 12 sessions of aquatic therapy because there was no evidence of subjective or objective functional improvement from previous sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions Of Aquatic Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient had completed 8 sessions of aquatic therapy previously. However, the functional outcomes were not documented. There was no data on body mass index and there was no evidence of fracture of the lower extremity. No clear indication was presented why the patient could not participate in a land-based physical therapy program. Moreover, body part to be treated was not specified. Therefore, the request for 12 sessions of aquatic therapy was not medically necessary.