

Case Number:	CM13-0003861		
Date Assigned:	12/27/2013	Date of Injury:	03/12/2011
Decision Date:	02/20/2014	UR Denial Date:	07/06/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation & Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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:

The patient is a 63-year-old female who reported an injury on 03/12/2011 due to a twisting motion that caused injury to the lower back. This ultimately resulted in a lumbar fusion in 10/2012. The patient also underwent subacromial decompression and acromioplasty of the right shoulder. The patient was treated postoperatively with aquatic therapy and psychiatric support. The patient's most recent physical examination findings included limited range of motion of the shoulder described as 140 degrees in forward flexion, 30 degrees in extension, 100 degrees in abduction, and 30 degrees in adduction with 4/5 motor strength of the right upper extremity. The patient also complained of 1/10 to 2/10 pain of the low back with radiation into the bilateral lower extremities. The patient's most recent physical therapy progress note submitted for review did indicate that the patient had received 28 visits of postsurgical physical therapy. The patient's diagnoses included status post 360 degree fusion, status post right shoulder arthroscopic surgery, and gastrointestinal upset secondary to medication usage. The patient's treatment plan included continuation of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional aquatic therapy visits to treat the lumbar spine and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The requested 8 additional aquatic therapy visits to treat the lumbar spine and right shoulder are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously participated in aquatic therapy in the postsurgical management of a lumbar fusion and impingement syndrome surgery. California Medical Treatment Utilization Schedule recommends up to 34 postsurgical physical therapy treatments status post lumbar fusion. California Medical Treatment Utilization Schedule recommends 24 visits for the postsurgical treatment of an impingement syndrome surgery. The clinical documentation submitted for review does provide evidence that the patient has already participated in 28 postsurgical treatments. An additional 8 visits would exceed the maximum recommendation for a fusion surgery. The clinical documentation submitted for review does not provide any evidence of exceptional factors that would support extending treatment beyond guideline recommendations. Additionally, California Medical Treatment Utilization Schedule recommends aquatic therapy over land based therapy when there is a need for reduced weight-bearing. The clinical documentation submitted for review does not provide any evidence that the patient has a need for reduced weight-bearing and is unable to participate in land based therapy. As such, the requested 8 additional aquatic therapy visits to treat the lumbar spine and right shoulder are not medically necessary or appropriate.