MAXIMUS Federal Services

Case Number:	CM13-0009907		
Date Assigned:	01/29/2014	Date of Injury:	03/21/2008
Decision Date:	04/14/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

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, and is licensed to practice in New York. 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:

The patient is a 52 year old female insurance clerk with a date of injury of 03/21/2008. She noted right hand and right wrist pain. She had numbness of her fingers. The injury was from repetitive data entry. She had pain up the arm to her right shoulder. She had difficulty typing. She had right wrist surgery in 2008. She had right shoulder surgery on 05/01/2009 (decompression acromioplasty and debridement of rotator cuff) and 09/26/2011. Both times she had post-operative physical therapy to the right shoulder. She also had right elbow surgery on 04/01/2010. She had an office visit on 09/18/2012 and had completed all of her physical therapy. She continued to have right shoulder pain with decreased range of motion. Additional right shoulder physical therapy was recommended. On 11/16/2012 a right shoulder MRI revealed no rotator cuff tear. On 12/12/2012 she continued to have right shoulder pain and numbness in the right hand. She had right shoulder physical therapy again in 12/2012, 01/2013 and 02/1013. On 03/20/2013 12 visits of aqua physical therapy was recommended since she had reached a plateau with land physical therapy. On 05/15/2013 she continued to have right shoulder pain with decreased range of motion and another 12 aqua physical therapy visits were recommended. Two visits were certified. On 07/31/2013 12 visits of aqua physical therapy to the right shoulder were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 2X6: Upheld

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

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

Decision rationale: She had months of right shoulder physical therapy from 12/2012 to 03/2013 and in 03/2013 aqua physical therapy was ordered since land physical therapy was not effective. She then had up to 17 visits of right shoulder aqua physical therapy prior to this request for more aqua physical therapy. Aqua physical therapy is recommended in MTUS Chronic Pain, page 22 as a form of therapy that minimizes the effect of gravity. It is usually prescribed to patients who cannot do regular land physical therapy, not for those who fail land physical therapy. MTUS guidelines maintain that the maximum number of physical therapy visits be used whether any or all of the physical therapy is land based or aqua. The months of right shoulder physical therapy from 12/2012 to 07/2013 exceed the maximum number of physical therapy visits for any shoulder condition. The requested additional aqua physical therapy is not consistent with MTUS, ACOEM or ODG guidelines.