

Case Number:	CM13-0023317		
Date Assigned:	04/23/2014	Date of Injury:	04/29/2013
Decision Date:	05/22/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/12/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This 57 year old female sustained an injury to the left side of her neck and shoulder on February 2013. The patient began experiencing pain in her neck and left shoulder which she attributes to repetitive pushing, pulling of heavy racks of shoes, and repetitive lifting. Examination on May 23, 2013 revealed left paracervical tenderness, axial head compression was positive on the left and there was left-sided facet joint tenderness with limitation of motion of the cervical spine. The patient also had mild left shoulder tenderness. X-rays of the cervical spine were negative except for some mild degenerative changes. The patient was being treated with physical therapy for left trapezial strain. Physical therapy report dated 7/17/2013 states that the patient has can completed 5 treatments and there is no change in her pain level. Aqua therapy was then recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 6 SESSIONS 3 X 2 LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY, PHYSICAL MEDICINE Page(s): 22, 98-99.

Decision rationale: MTUS guidelines state that aqua therapy is recommended as an optional form of exercise therapy. It can minimize the effects of gravity where reduced weightbearing is desirable. The patient has problems involving the upper extremity where weightbearing is not an issue. There is no documentation as to why aqua therapy would be more beneficial than land-based therapy. Second, active therapy is based on the philosophy that therapeutic exercise and/or activities beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Patients are also expected to do a home exercise program to complement the supervised physical therapy. In addition in order to continue with physical therapy functional improvement has to be documented. In this case, the patient had 5 sessions of physical therapy without any improvement in pain scores. There is no documentation of a home exercise program. There is no documentation that the other benefits of active therapy for example increase flexibility, strength, endurance, and function was improved. Therefore without the necessary documentation and since physical therapy did not appear to produce any change in the patient's condition, the need for continued physical therapy including aqua therapy has not been established.