

Case Number:	CM13-0028098		
Date Assigned:	11/22/2013	Date of Injury:	01/15/2009
Decision Date:	04/21/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/23/2013

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, Pulmonary Diseases, 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:

The patient is a 56-year-old male who reported an injury on 01/15/2009 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to multiple body parts to include the low back, bilateral shoulders, neck, upper and mid back, and ears. The patient's treatment history has included physical therapy, multiple medications, activity modifications, and a TENS unit. The patient's most recent clinical evaluation documented the patient had undergone bilateral shoulder surgery in early 2013 that provided significant benefit. The patient's most recent clinical evaluation documented the patient had right-sided straight leg raise test, decreased motor and sensory examinations to the right lower extremity, and decreased range of motion in flexion and abduction of the bilateral upper extremities. It was noted the patient was participating in aquatic therapy for the bilateral shoulders. The patient's diagnoses included chronic cervical spondylosis, chronic lumbar spondylosis, right shoulder post-traumatic arthrosis, left shoulder post-traumatic arthrosis, insomnia, depression, and pulmonary congestion. The patient's treatment plan included continuation of pool therapy and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF POOL THERAPY: 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 Section Aquatic Therapy Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who require a non-weight bearing environment while participating in active therapy. Although the clinical documentation submitted for review does indicate the patient has previously participated in aquatic therapy for the bilateral shoulders, the request as it is written does not specifically identify a body part. Therefore, the need for continued treatment cannot be determined. Additionally, the clinical documentation does not specifically identify how much aquatic therapy the patient has previously participated in. Therefore, the need for additional aquatic therapy cannot be determined. As such, the requested 12 sessions of pool therapy is not medically necessary or appropriate.

SIX SESSIONS OF PHYSICAL THERAPY: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule recommends physical medicine for patients who have deficits of weakness, range of motion, and pain complaints. The clinical documentation submitted for review does indicate the patient has pain complaints and range of motion deficits to multiple body parts that would benefit from physical therapy. The request as it is written does not specifically identify a body part. Additionally, it is noted within the documentation that the patient has previously participated in physical therapy. The efficacy of prior therapy was not provided. Therefore, the appropriateness of this request cannot be determined. As such, the requested 6 sessions of physical therapy is not medically necessary or appropriate.