

Case Number:	CM13-0029225		
Date Assigned:	03/19/2014	Date of Injury:	11/09/2011
Decision Date:	04/15/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/25/2013

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 57 year old female with a date of injury on 11/9/11. She had neck pain, back pain, bilateral shoulder pain, a shoulder contusion, hematoma, and impingement syndrome. On 7/24/13, she was to continue her home exercise program, and aquatherapy was requested. On 8/16/13, she had an office visit. She had decreased range of motion of both shoulders. She was to continue her home exercise program. Aquatherapy was recommended. On 9/13/13 she was treated with aquatic therapy, Norco, Voltarin, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Aquatic therapy minimizes the effects of gravity. It is a form of physical therapy. It is unclear how many physical therapy visits this patient had previously had. She had physical therapy and was instructed in a home exercise program. The MTUS Chronic Pain

Medical Treatment Guidelines allow for a maximum of 10 physical therapy visits. The physical therapy visits may be land based or aquatic, but the maximum total is 10. The requested 16 aquatic physical therapy visits are noncertified.