

Case Number:	CM13-0032775		
Date Assigned:	12/06/2013	Date of Injury:	12/16/2011
Decision Date:	02/10/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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, and is licensed to practice in Illinois. 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:

According to the progress note dated 08/27/2013, the patient was seen for complaints of pain and was exhibiting impaired range of motion and activities of daily living. The patient had been diagnosed with nonspecific derangement of joint in the shoulder region. The physical therapy report dated 07/22/2013, from the [REDACTED], stated that the patient felt more flexible, and was getting up from a chair much easier. The patient still had difficulty reaching into cupboards and lifting dishes. The patient had initially indicated his pain level was 5/10 to 10/10 with active range of motion of flexion at 95 degrees and abduction at 65 degrees, with strength of 3-/5. The patient was noted to have made progress with his current pain level of 5/10, and her range of motion to flexion at 102 degrees and abduction at 75 degrees, with muscle strength of 3+/5 in flexion and external rotation, 3/5 in abduction, and 4/5 in internal rotation. Overall, the patient was noted to have had a 20% improvement to that point. The patient was most recently seen on 11/07/2013 for complaints of pain in his lower back, upper back, and right arm and shoulder. The patient was noted to have a lumbar spine range of motion at flexion of 45 degrees, extension of 10 degrees, right bending was 10 degrees, and left bending was 10 degrees. Manual knee extension was noted as 5/5, exterior hallucis longus was 5/5, and plantar flexion was 5/5. Sensation to light touch was mid-arterial thigh, mid-lateral calf, and lateral ankle, were all intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2x/week x 6 weeks Right Shoulder: Upheld

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

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

Decision rationale: Under the MTUS guidelines, it indicates aquatherapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable, for example, extreme obesity. In this case, it was noted that this employee has already undergone physical therapy to include some aquatic therapy sessions. However, there is nothing in the documentation stating the employee is of non-weightbearing status at this time. There is also nothing in the documentation indicating the employee is unable to perform land-based physical therapy, to include a home exercise program. Therefore, the medical necessity for aquatherapy 2 times a week for 6 weeks to the right shoulder cannot be established. As such, the requested service is non-certified.