

Case Number:	CM13-0039437		
Date Assigned:	12/18/2013	Date of Injury:	04/12/2010
Decision Date:	02/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/28/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a female patient with a date of injury of 4/12/10. A utilization review determination dated 10/14/13 recommends non-certification of aquatic therapy 2 x 6. A progress report dated 10/30/13 identifies subjective complaints including constant neck and left shoulder pain and shoulder stiffness. Objective examination findings identify limited and painful ROM. Cervical compression causes pain. There is also tenderness of the neck and shoulder and positive Neer's and Speed's tests. Diagnoses include cervical spinal strain, left shoulder radiating pain, thoracic and lumbar spinal strain, left shoulder bursitis, left facial numbness, and head trauma. Treatment plan recommends continued aquatic rehab 2 x 6 due to obesity. The 10/3/13 authorization request form notes a request for physical therapy and that 60 visits have been received to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 units): 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 Page(s): 22,98-99.

Decision rationale: Regarding the request for physical therapy, it appears that the request is specifically for continued aquatic therapy. California MTUS recommends aquatic therapy an optional form of exercise therapy as an alternative to land-based physical therapy, specifically when reduced weight bearing is desirable. Up to 10 supervised visits are recommended. Within the documentation available for review, the patient is noted to have completed 60 sessions of therapy to date, although there is no clarification that these visits were land-based, water-based, or both. The provider notes that the patient is obese, but does not identify the medical necessity of aquatic therapy rather than land-based exercise, especially given that the current complaints are of the neck and shoulder, which would not be expected to be helped significantly by the use of decreased weightbearing. Furthermore, there is no documentation of objective improvement with previous therapy and functional deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In light of the above issues, the currently requested physical therapy is not medically necessary.