MAXIMUS Federal Services

Case Number:	CM13-0040855		
Date Assigned:	12/20/2013	Date of Injury:	04/13/2010
Decision Date:	02/19/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/29/2013

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 Ohio and Texas. 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:

The patient is a 59-year-old female who reported an injury on 04/13/2010. The mechanism of injury was not provided in the medical records. The patient's diagnoses included right shoulder arthroscopic rotator cuff repair, biceps tendinosis, subacromial decompression and anterior acromioplasty, distal clavicle excision, glenohumeral debridement, and arthroscopic partial synovectomy dated 11/14/2013. The patient is also status post left knee arthroscopic partial medial and lateral meniscectomy, patellofemoral and lateral femorotibial chondroplasty, anteromedial and lateral compartment synovectomy on 08/15/2013. Further diagnoses are shoulder impingement syndrome ICD9 code 726.2, cervical spine radiculopathy ICD9 code 723.4, shoulder bursitis subacromial ICD9 code 726.19, knee chondromalacia ICD9 code 717.7, and ankle foot tendinitis ICD9 code 727.06. The most recent clinical note dated 11/26/2013 revealed the patient was being seen for follow-up, status post right shoulder surgery. The patient continued to complain of pain that radiates down her right arm. She was taking Celebrex and Percocet for her pain. The patient stated the Percocet was decreasing her pain; however, she is having trouble sleeping. The patient received, and participated in 11 previous aquatic therapy sessions post her knee surgery in 08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for left knee times 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Per California Postsurgical Treatment Guidelines, the recommended number of sessions of physical therapy or aquatic therapy for the patient's diagnosis is 12 visits over 12 weeks. The patient has already participated in and received 11 of her previously approved 12 sessions of physical therapy. Therefore, the request of 12 additional session of aquatic therapy would exceed that which is recommended by the California MTUS Postsurgical Treatment Guidelines. As such, the request for Aqua therapy for left knee times 12 is non-certified.