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| Case Number: | CM13-0056265 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/20/2008 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/22/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 62-year-old female with a date of injury of 04/20/2008. The listed diagnoses per [REDACTED] are: 1. Sleep disorder. 2. History of hypertension. 3. Blurred vision, lateral. This patient is status post lumbar spine surgery on 01/07/2013. The patient has been authorized for right shoulder surgery and 12 post op PT on 07/24/2013. The medical file provided for review does not include the operative report for the shoulder and it is not known when this took place. According to report dated 09/19/2013 by [REDACTED], however, has the patient presenting with continued abdominal cramping, stomach ache, fatigue, and constipation. This report indicates that the patient has started post-op therapy with benefit. Utilization Review letter is dated 10/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 aqua therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

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

Decision rationale: This patient presents status post lumbar surgery on 01/07/2013 and also has shoulder impingement syndrome. Review of the reports show that the patient likely had shoulder surgery sometime around 7/24/13 when surgery and post-op 12 PT sessions were authorized by the treater discussing patient's post-op progress. The current request is for 12 aqua therapy sessions. The MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as in extreme obesity. For duration of treatment, MTUS page 98 and 99 under physical medicine section recommends 9 to 10 sessions for various myalgia and myositis-type symptoms. For post-op shoulder surgery, 12-24 sessions of therapy are recommended depending on the type of surgery. In this case, there is no Request for Authorization and the progress report discussing the request was not included in the file. Without the operative report, one cannot apply the post-operative guidelines. While this patient may benefit from additional post-operative therapy, it is not known whether or not aqua-therapy is required. The reports do not indicate this patient to be extremely obese. Recommendation is for denial.