

Case Number:	CM14-0018425		
Date Assigned:	04/18/2014	Date of Injury:	11/16/2012
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/13/2014

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 & Rehabilitation 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:

This female patient sustained an injury on 11/16/12 while employed by [REDACTED]. Request(s) under consideration include Aqua Therapy 2x6 for right shoulder. Hand-written report of 9/23/13 from an orthopedic provider noted the patient with improved cervical pain rated at 7/10. Exam showed Cervical spine with decreased range (no planes identified); tenderness at paraspinals and trapezius. Diagnosis was cervical spine sprain/strain. Treatment included refill of medications. Continue home exercise program; IF (Interferential) unit; urine toxicology; continue acupuncture; and voltaren. Unsigned hand-written report of 9/27/13 from another orthopedic provider noted patient with right shoulder pain rated at 7/10. Exam showed tender right shoulder, illegible, flexion 165 degrees with pain; abduction? 120 degrees; positive ACA?; positive impingement. Diagnosis was right shoulder rotator cuff tear with A/C (Acromioclavicular) joint DJD (Degenerative Joint Disease); awaiting authorization for shoulder surgery; continue acupuncture. Report of 2/14/14 from orthopedic caring for shoulder was again hand-written and illegible. Complaints include right shoulder pain rated at 7/10 with discomfort and limited movement. Exam showed tender AC joint; range flexion/abduction 120/110 degrees. Treatment plan was for continued physical therapy and home exercises; awaiting authorization for shoulder surgery. Request from chiropractic provider for aquatic therapy was submitted. Request(s) for Aqua Therapy 2X6, right shoulder was non-certified on 1/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 2X6, RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, AQUATIC THERAPY,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL THERAPY, 98-99

Decision rationale: As per MTUS guidelines, Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy as orthopedic shoulder consultant had treatment plan to continue physical therapy and home exercise without mention for aquatic therapy on 2/14/14. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of Physical Therapy and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the Physical Therapy treatment already rendered including milestones of increased ROM (Range Of Motion), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. Therefore, the request for twelve (12) aqua therapy sessions for right shoulder is not medically necessary and appropriate.