

Case Number:	CM14-0054643		
Date Assigned:	07/16/2014	Date of Injury:	07/23/2012
Decision Date:	08/14/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/24/2014

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 and 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 51 year-old female Office Administrator sustained a low back and shoulder injury on 7/23/12 from being pushed into a door and thrown to the ground while employed by [REDACTED]. Request under consideration include Aqua Therapy 2x a week for 6 weeks. The patient has history of subdural hematoma surgery in 1979. Conservative care has included acupuncture, trigger point injections, subacromial steroid injection of right shoulder, medications (Nabumetone, Vicodin, Motrin), physical therapy of 12 sessions (temporary relief), and cognitive behavior psychotherapy. Physical therapy report of 3/13/14 noted patient with sore at right AC joint with pain rated at 5-6/10. Exam showed right shoulder range in flex/abd/ER of 50/40/30 degrees with plan to continue care. Report of 3/19/14 from the provider noted patient with ongoing chronic pain symptoms in right right shoulder that radiates into the right collar bone; difficulty with putting on clothes; rated pain at 7/10 scale. Exam of right shoulder showed movement restricted with flex/abd of 90 degrees limited by pain; tenderness of AC joint. Diagnoses was pain in joint of shoulder. Treatment included PT, aquatic therapy, medications, and the patient remained temporary totally disabled/not working. The request for Aqua Therapy 2x a week for 6 weeks was non-certified on 4/18/14 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 2x a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99 Page(s): 98-99.

Decision rationale: This 51 year-old female Office Administrator sustained a low back and shoulder injury on 7/23/12 from being pushed into a door and thrown to the ground while employed by [REDACTED]. Request under consideration include Aqua Therapy 2x a week for 6 weeks. The patient has history of subdural hematoma surgery in 1979. Conservative care has included acupuncture, trigger point injections, subacromial steroid injection of right shoulder, medications (Nabumetone, Vicodin, Motrin), physical therapy of 12 sessions (temporary relief), and cognitive behavior psychotherapy. Physical therapy report of 3/13/14 noted patient with sore at right AC joint with pain rated at 5-6/10. Exam showed right shoulder range in flex/abd/ER of 50/40/30 degrees with plan to continue care. Report of 3/19/14 from the provider noted patient with ongoing chronic pain symptoms in right right shoulder that radiates into the right collar bone; difficulty with putting on clothes; rated pain at 7/10 scale. Exam of right shoulder showed movement restricted with flex/abd of 90 degrees limited by pain; tenderness of AC joint. Diagnoses was pain in joint of shoulder. Treatment included PT, aquatic therapy, medications, and the patient remained temporary totally disabled/not working. Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. 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 and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT 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 PT treatment already rendered including milestones of increased ROM, 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. The Aqua Therapy 2x a week for 6 weeks is not medically necessary and appropriate.