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| Case Number: | CM14-0073230 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 12/11/2013 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/20/2014 |

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 Illinois. 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 injured worker is a 50-year-old female with a reported date of injury on 12/11/2013. The mechanism of injury was due to a slip and fall. Her diagnoses were noted to include right shoulder strain with rotator cuff tendinitis/subacromial bursitis, right hip contusion with trochanteric bursitis. Her previous treatments were noted to include physical therapy, corticosteroid injections, and medications. A progress note dated 07/02/2014, revealed the injured worker came in for a followup of her shoulder and hip pain. The injured worker had received corticoid steroid injections at her last visit, and stated they helped for a little bit for the shoulder as she was having mildly decreased pain. The injured worker felt it did not help at all for her hip, and she restarted her physical therapy. The physical examination revealed right range of motion showed abduction was 250 degrees, forward elevation of 160 degrees, external rotation of 90 degrees, and external rotation of 60 degrees. The motor strength was rated 5/5 with end range of motion, and the Hawkins impingement test was positive. The right hip was noted to have a good range of motion with no specific tenderness over the trochanteric bursa and strength was rated 5/5. The provider indicated the injured worker was to continue with physical therapy and a home exercise program. The provider indicated she was failing conservative treatment regarding her shoulder. The physical therapy progress note dated 07/02/2014, revealed the injured worker complained of right hip and right shoulder pain for 3 days. The physical therapist reported the injured worker tolerated treatment fairly well and had no pain during her exercises, but still had limited activities of daily living due to her hip and shoulder pain. The physical therapist indicated the plan was to continue treatment and progress exercises as indicated to decrease pain and improve range of motion, strength, and stability. The request for authorization form was not submitted within the medical records. The request was for aquatic therapy x6 for hip and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy X 6: 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 Aquatic therapy, page 22, Physical medicine Page(s): 99..

Decision rationale: The request for aquatic therapy x 6 is not medically necessary. The injured worker has received previous physical therapy treatments. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy where available as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improves some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The guidelines recommend for myalgia and myositis 9-10 visits over 8 weeks. The injured worker has received a previous 18 visits of physical therapy. There is a lack of documentation regarding quantifiable objective functional improvements with previous physical therapy sessions. There is also a lack of documentation regarding a need for reduced weight bearing to warrant aquatic therapy. Therefore, despite current measurable objective functional deficits, there is a lack of documentation regarding quantifiable objective functional improvements and a lack of documentation for a need for reduced weight bearing to warrant aquatic therapy. Therefore, the request is not medically necessary.