

Case Number:	CM13-0035756		
Date Assigned:	06/09/2014	Date of Injury:	05/16/2012
Decision Date:	07/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 and Pain Medicine and is licensed to practice in 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 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 53 year old female whose date of injury is 05/16/2012. The mechanism of injury is described as lifting heavy boxes. She is status post right shoulder arthroscopy on 02/07/13. Note dated 09/06/13 indicates that she complains of 6/10 right shoulder pain. Right shoulder range of motion is flexion 130, extension 20, abduction 105, adduction 22, internal rotation 62, and external rotation 50 degrees. Diagnoses are right shoulder impingement syndrome, right trapezius muscle spasm, right shoulder adhesive capsulitis, right biceps sprain/strain, right shoulder SP surgery, right shoulder tendonitis, loss of sleep and psych component.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2XWK X6WKS FOR RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Postsurgical Treatment Guidelines.

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

Decision rationale: Based on the clinical information provided, the request for aquatic therapy 2 x /wk for 6 wks for right shoulder is not recommended as medically necessary. The injured

worker is status post right shoulder arthroscopy in 2013; however, there is no comprehensive assessment of postoperative treatment completed to date or the injured worker's response thereto submitted for review. Chronic Pain Medical Treatment Guidelines support aquatic therapy when reduced weightbearing is desirable. It is unclear why reduced weightbearing is desirable for the injured worker's shoulder. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.