

Case Number:	CM13-0040184		
Date Assigned:	12/20/2013	Date of Injury:	10/22/2012
Decision Date:	04/18/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 Orthopedic Surgery, 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 claimant is a 32 year old female injured October 22, 2012 sustaining an injury to the neck and the right shoulder. The records indicate that since the time of injury the claimant is status post a right shoulder subacromial decompression and distal clavicle excision performed arthroscopically. The most recent clinical assessment of August 22, 2013 with [REDACTED] indicated continued complaints of bilateral shoulder pain with bursitis, right shoulder adhesive capsulitis a cervical strain, anxiety and insomnia. He states the surgical process took place in March 2013. Subjective complaints were that of continued complaints of pain about the shoulders and neck with physical examination showing restricted range of motion, right greater than left to the shoulder with flexion and abduction with the neck being with spasm and trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POOL/AQUATIC THERAPY VISITS FOR THE RIGHT SHOULDER, 2 TIMES PER WEEK FOR 6 WEEKS, AS AN OUTPATIENT.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

Decision rationale: Based on the CA MTUS Chronic Pain Guidelines the role of aquatic therapy for the claimant's right shoulder would not be indicated. There is nothing indicating the claimant is unable to perform land based home exercises. The specific role for aquatic therapy for a diagnosis of shoulder impingement and adhesive capsulitis would not be indicated. When looking at physical therapy in the chronic setting the guidelines would recommend the role of periodic therapy for acute inflammatory purposes. The clinical records do not support the above. It would be unclear at this stage in the claimant's chronic course of care in the postoperative setting why a transition to a home exercise program is not able to occur.